

LOCATION OF WATER WELL  
 County: Sedg Fraction N/W  $\frac{1}{4}$  N/W  $\frac{1}{4}$  N/W  $\frac{1}{4}$  Section Number 31 Township Number T 25 S Range Number R 1 EW

Distance and direction from nearest town or city? in town Street address of well if located within city? 409 N. Emporia

WATER WELL OWNER: Larry Alerson  
 R#, St. Address, Box #: 409 N. Emporia Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Valley Center Application Number:

DEPTH OF COMPLETED WELL: 30 ft. Bore Hole Diameter: 8 in. to . . . . . ft., and . . . . . in. to . . . . . ft.

Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well

Well's static water level: 16 ft. below land surface measured on . . . . . month 11 day 81 year

Pump Test Data: Well water was: 16 ft. after 3 hours pumping. . . . . gpm  
 Test Yield: 10 gpm: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . . . Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .

Casing dia: 5 in. to 25 ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight 200 lbs./ft. Wall thickness or gauge No. 1/4"

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) . . . . .  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) . . . . .

Screen-Perforation Dia: 5 in. to . . . . . ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From: 25 ft. to 30 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From: none ft. to . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .  
 Grouted Intervals: From: 3 ft. to 13 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines

Direction from well: South How many feet: 10 ? Water Well Disinfected? Yes X No  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No X If yes, date sample  
 was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes . . . . . No X  
 If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .  
 Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on . . . . . month 17 day 81 year . . . . .  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 313A  
 This Water Well Record was completed on . . . . . month 4 day 15 year 81 under the business  
 name of Jet water well Drilling by (signature) Margie Sanderson

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
	0	10	10	16						
	0	10	10	16	Top soil clay					
	10	16	16	30	brown SAND					
	16	30	30		white SAND & gravel					

ELEVATION: . . . . . ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.