

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Cowley, Butler</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>32</u>	<u>T 29 S</u>	<u>R 4 EW</u>
Distance and direction from nearest town or city? <u>2.2 miles South of Douglas, Ks</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Jim Ceynar</u>					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Douglas, Ks. 67039</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>125</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>125</u> ft. and _____ in. to _____ ft.					
Well Water to be used as:					
5 Public water supply		8 Air conditioning		11 Injection well	
1 Domestic		3 Feedlot		6 Oil field water supply	
2 Irrigation		4 Industrial		9 Dewatering	
7 Lawn and garden only		10 Observation well		12 Other (Specify below)	
Well's static water level: <u>50</u> ft. below land surface measured on <u>MARCH</u> month <u>25</u> day <u>1989</u> year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing dia <u>6</u> in. to <u>125</u> ft. Dia <u>14</u> in. to <u>160</u> in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass		8 Concrete tile	
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>1/4</u>		9 Other (specify below)		Casing Joints: Glued <u>X</u> Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
Screen-Perforation Dia <u>6</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		10 Asbestos-cement		11 None (open hole)	
Screen-Perforated Intervals: From <u>125</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		7 PVC		8 RMP (SR)	
Gravel Pack Intervals: From <u>125</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		9 ABS		12 None used (open hole)	
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other		Grouted Intervals: From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		10 Fuel storage	
What is the nearest source of possible contamination:		7 Sewage lagoon		11 Fertilizer storage	
1 Septic tank		4 Cess pool		14 Abandoned water well	
2 Sewer lines		5 Seepage pit		15 Oil well/Gas well	
3 Lateral lines		6 Pit privy		12 Insecticide storage	
9 Livestock pens		13 Watertight sewer lines		16 Other (specify below)	
Direction from well _____ How many feet _____ ?		Water Well Disinfected? Yes <u>X</u> No _____		None	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, date sample was submitted _____ month _____ day _____ year		Pump Installed? Yes _____ No <u>X</u>	
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	
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>MARCH</u> month <u>25th</u> day <u>1989</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>299</u>					
This Water Well Record was completed on <u>MAY</u> month <u>1st</u> day <u>1989</u> year under the business name of <u>EASTMAN Drilling</u> by (signature) <u>Dak Eastman</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		LITHOLOGIC LOG		LITHOLOGIC LOG	
		0 20 Red Clay & Gravel			
		20 35 Blue Schale			
		36 41 Brown Clay			
		42 60 Yellow Clay			
		60 82 Red Clay			
82 100 Limestone					
100 125 Cream Limestone					
ELEVATION:					
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ 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.					