

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number									
County: <u>SUMNER</u>	SW 1/4 SW 1/4 SW 1/4	10	T 30 S	R 1 E E/W									
Distance and direction from nearest town or city?		Street address of well if located within city?											
		#10 Greenfield, Peck, Ks.											
2 WATER WELL OWNER: <u>Ronnie Schauf Const. Spec. House</u>													
RR#, St. Address, Box # : <u>R#1</u>		Board of Agriculture, Division of Water Resources											
City, State, ZIP Code : <u>Mulvane, Ks.</u>		Application Number:											
3 DEPTH OF COMPLETED WELL... <u>40</u> .ft. Bore Hole Diameter... <u>11</u> . . . . . in. to . . . . . 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	9 Dewatering	12 Other (Specify below)									
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	<u>Spec. House</u>									
Well's static water level . . . . . <u>20</u> . . . . . ft. below land surface measured on . . . . . <u>11</u> . . . . . month . . . . . <u>20</u> . . . . . day . . . . . <u>80</u> . . . . . year													
Pump Test Data : Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm													
Est. Yield gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm													
4 TYPE OF BLANK CASING USED:													
5 Wrought iron		8 Concrete tile		Casing Joints: <u>Glued</u> . . . . . <u>X</u> . . . . . <u>Clamped</u> . . . . .									
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .									
2 PVC	4 ABS	7 Fiberglass		Threaded . . . . .									
Blank casing dia . . . . . <u>5</u> . . . . . in. to . . . . . <u>20</u> . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.													
Casing height above land surface . . . . . <u>12</u> . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No . . . . . <u>200</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
7 PVC		10 Asbestos-cement											
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) . . . . .									
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)									
Screen or Perforation Openings Are:													
5 Gauzed wrapped		8 Saw cut .06		11 None (open hole)									
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes										
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) . . . . .										
Screen-Perforation Dia . . . . . <u>5</u> . . . . . in. to . . . . . <u>40</u> . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.													
Screen-Perforated Intervals: From . . . . . <u>20</u> . . . . . ft. to . . . . . <u>40</u> . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.													
Gravel Pack Intervals: From . . . . . <u>14</u> . . . . . ft. to . . . . . <u>40</u> . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.													
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other													
Grouted Intervals: From . . . . . <u>40'</u> . . . . . ft/ to . . . . . <u>14</u> . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.													
What is the nearest source of possible contamination:													
1 Septic tank		7 Sewage lagoon		10 Fuel storage									
2 Sewer lines	4 Cess pool	8 Feed yard	11 Fertilizer storage	14 Abandoned water well									
3 Lateral lines	5 Seepage pit	9 Livestock pens	12 Insecticide storage	15 Oil well/Gas well									
	6 Pit privy		13 Watertight sewer lines	16 Other (specify below)									
Direction from well . . . . . <u>East</u> . . . . . How many feet . . . . . <u>72</u> . . . . . ? Water Well Disinfected? Yes . . . . . <u>X</u> . . . . . No													
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>✓</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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on . . . . . <u>11</u> . . . . . month . . . . . <u>20</u> . . . . . day . . . . . <u>80</u> . . . . . year													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . <u>236</u>													
This Water Well Record was completed on . . . . . <u>2</u> . . . . . month . . . . . <u>19</u> . . . . . day . . . . . <u>81</u> . . . . . year under the business name of <u>Harp Well &amp; Pump Serv., Inc.</u> by (signature) <u>M. Arnold</u>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		3		Topsoil							
		3		12		Clay							
		12		25		Fine Sand							
		25		40		Grey Shale							
ELEVATION:													
Depth(s) Groundwater Encountered 1. <u>20</u> . . . . . 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.													