

1 LOCATION OF WATER WELL  
 County: Sumner Fraction NW 1/4 NE 1/4 SW 1/4 Section Number 14 Township Number T 30 S Range Number R 1 E

Distance and direction from nearest town or city? 3 months, 1/4 W. of Belle Plain, KS. Street address of well if located within city?

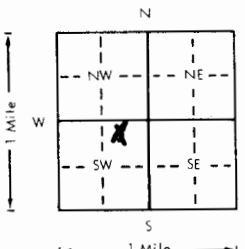
2 WATER WELL OWNER: Earl D. Green  
 RR#, St. Address, Box #: 1701 Spemis  
 City, State, ZIP Code: Winfield, Kansas  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 11 in. to . . . . . ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)  
 Well's static water level: 10 ft. below land surface measured on 4 month 8 day 1980 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:  
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued  Clamped . . . . .  
 Blank casing dia: 6 in. to 20 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight 3.96 lbs./ft. Wall thickness or gauge No. 316  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 RMP (SR) 8 ABS 9 Other (specify) 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut .06 9 Drilled holes 10 Other (specify) 11 None (open hole)  
 Screen-Perforation Dia: 6 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From 20 ft. to 40 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 10 ft. to 40 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 0 ft. to 10 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)  
 Direction from well: East How many feet: 2000? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No  If yes, date sample was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes . . . . . No   
 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 4 month 8 day 1980 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236  
 This Water Well Record was completed on 4 month 30 day 1980 year under the business name of Harp Well Pump Service by (signature) on arnsel

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG  
0 3 Sandy Topsoil  
3 6 Brown Clay  
6 12 Fine Sand  
12 30 Coarse Sand  
30 40 Blue Shale

ELEVATION:  
 Depth(s) Groundwater Encountered 1. 10 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.

OFFICE USE ONLY  
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 SEC  
 11/24  
 NE 1/4  
 SW 1/4