

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>SUMNER</u>	<u>SE</u> ¼ <u>NE</u> ¼ <u>NW</u> ¼	<u>12</u>	<u>T</u> <u>31</u> <u>S</u>	<u>R</u> <u>1</u> <u>E</u> <u>E/W</u>

Distance and direction from nearest town or city? 1 So. of Belle Plain, Ks., 1/2 E., 1/4 So.
 Street address of well if located within city?

2 WATER WELL OWNER: Jerry Ast
 RR#, St. Address, Box #: Rt. 2
 City, State, ZIP Code: Belle Plain, Ks.
 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 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 10 ft. below land surface measured on _____ 5 month _____ 2 day _____ 80 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: X Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to _____ 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 200
 TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
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: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: Septic System not Installed at this site Swine lagoon
1 Septic tank 4 Cess pool 8 Feed yard 11 Fertilizer storage 14 Abandoned water well
2 Sewer lines 5 Seepage pit 9 Livestock pens 12 Insecticide storage 15 Oil well/Gas well
3 Lateral lines 6 Pit privy 13 Watertight sewer lines 16 Other (specify below) None Apparent
 Direction from well _____ How many feet _____ ? 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 X No _____
 If Yes: Pump Manufacturer's name: Red Jacket Model No. 75 HP 3/4 Volts 230
 Depth of Pump Intake: 30 ft. Pumps Capacity rated at _____ 17 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 _____ 5 month _____ 2 day _____ 80 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 _____ 6 month _____ 23 day _____ 1980 year under the business name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Topsoil			
	3	11	Brown Clay			
	11	20	Fine Sand			
	20	32	Coarse Sand			
	32	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
T 31 R 1
SEC 12
53 1/4 NE 1/4 NW 1/4