

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Cowley	NE 1/4 SW 1/4 SE 1/4	25	T 31 S	R 3 EW

Distance and direction from nearest town or city? **5 miles ~~NW~~ Northwest of Winfield** Street address of well if located within city?

WATER WELL OWNER: **Gary Cook**
 RR#, St. Address, Box #: **R.R. 1**
 City, State, ZIP Code: **Winfield, Kansas 67156**
 Board of Agriculture, Division of Water Resources
 Application Number:

DEPTH OF COMPLETED WELL: **74** ft. Bore Hole Diameter: **10** in. to **74** 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: **45** ft. below land surface measured on **July** month **1st** day **1981** year
 Pump Test Data: **NA** Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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 _____
 Blank casing dia: **6** in. to **74** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **16** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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: **6** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **54** ft. to **74** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **40** ft. to **74** 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 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well, **1/4 mile SE** How many feet _____? 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 **Myers** Model No. **S2G52** HP **1/2** Volts **220**
 Depth of Pump Intake **70** ft. Pumps Capacity rated at **10** gpm 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 **July** month **2nd** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **299**
 This Water Well Record was completed on **27th** month **July** day **1981** year under the business name of **Eastman Drilling** by (signature) *Dale Eastman*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	1'	Soil		
	1	9'	Broken Lime			
	9'	19'	Clay			
	19'	29'	Clay			
	29'	30'	Lime			
	30'	43'	Gray Shale			
	43'	46'	Brown shale			
	46'	49'	Lime			
	49'	52'	Shale			
	52'	65'	Brown Lime			
	65'	74'	Gray Shale			

Depth(s) Groundwater Encountered 1. **45** 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
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