

1 LOCATION OF WATER WELL
 County: Chautauqua Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 34 Township Number: T 32 S Range Number: R 13 E/W

Distance and direction from nearest town or city? 12 1/2 M.W. of Indep. City Limits + 1 MS
 Street address of well if located within city?

2 WATER WELL OWNER: Robert Leslie
 RR#, St. Address, Box #: Rt 2 Elk City, Kan
 City, State, ZIP Code: Elk City, Kan
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 90 ft. Bore Hole Diameter: 10 in. to 12 ft., and 6 in. to 90 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 Dairy
 Well's static water level: 26 ft. below land surface measured on March month 28 day 81 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 938 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: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 6 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No SDR 21

TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 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 10 Other (specify) _____
 7 Torch cut
 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 2 ft. to 12 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 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: East How many feet: 125? 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 March month 28 day 1981 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 393
 This Water Well Record was completed on March month 31 day 1981 year under the business name of Country Water by (signature) Melvin Ray Weber

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	2	Soil			
	2	10	Sand Rock (Brown)			
	10	12	Clay			
	12	34	Sand Rock			
	34	37	Water Sand			
	37	45	Sand Rock			
	45	90	Gray Shale			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 37 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 32 S
R 13 E/W
SEC 34
SW 1/4 SW 1/4 SW 1/4