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1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Montgomery</u>	<u>NW 1/4 SW 1/4 NW 1/4</u>	<u>34</u>	T <u>32</u> S	R <u>14</u> E/W

Distance and direction from nearest town or city? 6 1/2 mi. W. of Indep. City limits, on 160, 1/4 mi South
 Street address of well if located within city?

2 WATER WELL OWNER: Indep. Kan
 RR#, St. Address, Box #: (att. Steve Miller)
 City, State, ZIP Code: Independence State Bank Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 97 ft. Bore Hole Diameter: 10 in. to 10 ft., and 6" in. to 99 ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Observation well
 Well's static water level: 49 ft. below land surface measured on 10 month 10 day 1980 year
 Pump Test Data Salt water Well water was _____ ft. after _____ hours pumping _____ gpm
 Estimated field _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED: None
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Casing Joints: Glued _____ Clamped _____
 Welded _____ Threaded _____
 Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ 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) 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 _____ 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 100 ft. to 95 ft., From 7 ft. to 3 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well 1/2 mi
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines
 Direction from well N.W. How many feet 500? 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 _____ month _____ day _____ 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 _____ month _____ day _____ year under the business name of Country Water by (signature) Melvin Ray Weber

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	0	3'10"						
	3'10"	10'			Clay & rock			
	10'	27'			Lime Rock			
	27'	29'			Sandy Shale			
	29'	97'			Lime			
	97'	100'			Shale			
					Water Sand (Salty)			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 100 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
33 R 14
SEC.
NW 1/4 SW 1/4 NW 1/4