

1 LOCATION OF WATER WELL: Section Number 28 Township Number T 32 S Range Number R 16 EW  
 County: Montgomery Distance and direction from nearest town or city: 3 mile E & 12 mile North of Independence Street address of well if located within city: \_\_\_\_\_

2 WATER WELL OWNER: George Lange Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: RR 2 Application Number: \_\_\_\_\_  
 City, State, ZIP Code: Independence KS 67301

3 DEPTH OF COMPLETED WELL: 28 ft. Bore Hole Diameter: 9 3/8 in. to 1.1 ft. and 6 1/2 in. to 28 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: 14 ft. below land surface measured on 5 month 8 day 81 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: 82 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED: 2 PVC 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: X Glued X Clamped  
4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
7 Fiberglass Threaded \_\_\_\_\_

Blank casing dia: 6 in. to 12 ft. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 16 in., weight 16 lbs./ft. Wall thickness or gauge No: 0.255

TYPE OF SCREEN OR PERFORATION MATERIAL: 12 None used (open hole)  
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)

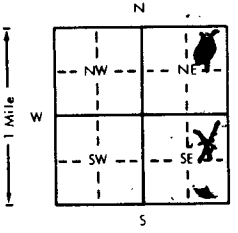
Screen or Perforation Openings Are: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_

Screen-Perforation Dia: none s. in. to \_\_\_\_\_ ft. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From none ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From none 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 0 ft. to 12 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination: 10 Fuel storage 14 Abandoned water well  
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: NE How many feet: 150 ? 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 \_\_\_\_\_ No X Volts \_\_\_\_\_  
 If Yes: Pump Manufacturer's name \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_  
 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. 408  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of Prime Drilling Co by (signature) Taylor L. Marshall

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG  
1 3 Soil \_\_\_\_\_ \_\_\_\_\_  
4 8 Soil with \_\_\_\_\_ \_\_\_\_\_  
9 11 Loam Rock \_\_\_\_\_ \_\_\_\_\_  
18 42 Sand \_\_\_\_\_ \_\_\_\_\_

ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 28 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 one for your records.