

1 LOCATION OF WATER WELL
 County: Montgomery Fraction: SE 1/4 NW 1/4 NW 1/4 Section Number: 15 Township Number: T 32 S Range Number: R 17 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? 230 Pine Cherryvale Kan

2 WATER WELL OWNER:
 Name: Terry Banzet, 230 Pine, Cherryvale Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: _____ Application Number: _____

3 DEPTH OF COMPLETED WELL: 77 ft. Bore Hole Diameter: 10 in. to 10 ft., and 6 in. to 77 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: 11 ft. below land surface measured on Sept. month 18 day 1980 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 1/2 or less gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: Glued Clamped
2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing dia: 6 in. to 12 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: None 7 PVC 10 Asbestos-cement
 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 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 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: X None 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 _____ 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 _____ 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 Sept month 18 day 1980 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 Sept month 18 day 88 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		FROM		TO		LITHOLOGIC LOG	
		0	3 1/2	Black Soil									
		3 1/2	15	Sand Rock (Red)									
		15	37 1/2	Sand Rock (Gray)									
		37 1/2	40	Gray Shale									
		40	53	Gray Sand Rock									
		53	59	Gray Shale									
		59	68	Gray Sand Rock									
68	72	Gray Shale											
72	77	Gray Sand Rock											

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 90 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
R
17
EW
SEC.
15
SE 1/4 NW 1/4 NW 1/4