

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Cowley</b>	<b>NE</b> ¼ <b>NW</b> ¼ <b>NE</b> ¼	<b>13</b>	<b>T 32 S</b>	<b>R 3E E/W</b>

Distance and direction from nearest town or city? **2w-1<sup>1</sup>/<sub>2</sub>n-1<sup>1</sup>/<sub>2</sub>w-1<sup>1</sup>/<sub>4</sub>n Winfield**

Street address of well if located within city?

2 WATER WELL OWNER: **Leonard Richardson**

RR#, St. Address, Box #: **RFD # 2**

City, State, ZIP Code: **Winfield,**

Board of Agriculture, Division of Water Resources  
Application Number:

3 DEPTH OF COMPLETED WELL: **58** ft. Bore Hole Diameter: **10** in. to **t.d.** ft., and in. to ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 11 Injection well	<input checked="" type="checkbox"/> Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<b>Reconstructing</b>							

Well's static water level: **18** ft. below land surface measured on **Aug** month **23** day **1980** year

Pump Test Data: **bail test only**

Est. Yield: **75/100** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile	<input type="checkbox"/> 9 Other (specify below)	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> PVC <b>40 sch</b>	<input type="checkbox"/> 4 ABS	Welded					
							Threaded

Blank casing dia: **5"** in. to ~~XXXXX~~ **48** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **24"** in., weight lbs./ft. Wall thickness or gauge No. **40 sch**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

Screen-Perforation Dia: **5** in. to ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **48** ft. to **58** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **16** ft. to **58** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other

Grouted Intervals: From **2** ft. to **16** ft., From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well: **south** How many feet: **100**? 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 **rerun** No

If Yes: Pump Manufacturer's name: **Reda** Model No. **unk** HP **1/2** Volts **230**

Depth of Pump Intake: **48** ft. Pumps Capacity rated at **unk** gal./min.

Type of pump:  Submersible  2 Turbine  3 Jet  4 Centrifugal  5 Reciprocating  6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed,  reconstructed, or (3) plugged under my jurisdiction and was completed on **August** month **23** day **1980** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **171**

This Water Well Record was completed on **August** month **28** day **1980** year under the business name of **G & S Drlg.** by (signature) *Stuart Morgan*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	10	top soil		
	10	?	lm			
	?	?				
	?	?				
	?	58	Blu/ sh			

ELEVATION:

Depth(s) Groundwater Encountered **1. 48** 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  
3  
EW  
SEC.  
13  
NE 1/4  
NW 1/4  
NE 1/4