

1 LOCATION OF WATER WELL
 County: Montgomery Fraction: NE 1/4 SE 1/4 NW 1/4 Section Number: 29 Township Number: T 33 S Range Number: R 16 E/W
 Distance and direction from nearest town or city? 4 1/2 mi S. of Indep on 10th St Road, 1/2 E Street address of well if located within city?

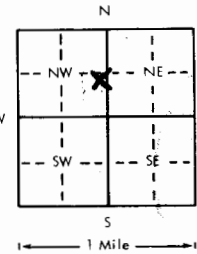
2 WATER WELL OWNER:
 RR#, St. Address, Box #: Larry Henry, Rt 2 Indep, Kan Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Indep, Kan Application Number:

3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 10 in. to 10 ft., and 6 in. to 60 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)
 Well's static water level: 8' 9" below land surface measured on Sept month 10 day 80 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 5 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 _____
 Blank casing dia: 6 in. to _____ ft., Dia: 12 1/2 in. to _____ ft., Dia: 12 1/2 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: 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 6 Wire wrapped 9 Drilled holes 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? NONE
 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)
 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 10 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 10 day 1980 year under the business name of Country Water by (signature) Melvin Ray Weber

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Sand Rock			
3	14	Yellow Clay			
14	25	Gray Shale			
25	29	Gray Sand Rock			
29	40	Shale			
40	50	Gray Sand Rock			
50	52	Gray Shale			
52	60	Gray Sand Rock			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 40 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 16 E/W
SEC 29
NE 1/4 SE 1/4 NW 1/4