

LOCATION OF WATER WELL: Fraction NE 1/4 SW 1/4 NW 1/4 Section Number 36 Township Number T 34 S Range Number R 14 EAW

Distance and direction from nearest town or city? 1 mi. W. of Tyro RITE line + 1 M. N. Street address of well if located within city?

WATER WELL OWNER: Jackie Denton Rt. 1 Caney, Kan. Board of Agriculture, Division of Water Resources Application Number:

DEPTH OF COMPLETED WELL: 90 ft. Bore Hole Diameter: 10 in. to 10 ft., and 6 in. to 90 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: 29 ft. below land surface measured on August month 22 day 1980 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 5 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass _____ Threaded

Blank casing dia: 6 in. to 20 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 26

TYPE OF SCREEN OR PERFORATION MATERIAL: NONE
 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.

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:
 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) _____
 13 Watertight sewer lines

Direction from well: South How many feet: 1000 ? 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

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 _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on August month 22 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 August month 22 day 1980 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	2	Soil		81	90	Gray Shale					
		2	7'4"	Sand + Rock									
		7'4"	13	Sandy Lime									
		13	27	White Sand Rock									
		27	41	Gray Clay									
		41	45	Water Sand									
		45	55	Lime Rock									
		55	65	Gray to White Sand Rock (Hard)									
65	69	Water Sand											
69	79	Gray Shale											
79	81	Shale Sand											

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 42 ft. 2. 68 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 34
R 14
SEC. 36
NE 1/4
SW 1/4
NW 1/4