

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Montgomery	SE 1/4 SE 1/4 NE 1/4	23	T 34 S	R 15 E/W

Distance and direction from nearest town or city? **1 m. W. of Deering Ken. & 1/4 m. N.**
 Street address of well if located within city?

2 WATER WELL OWNER: **Frank Gilman**
 RR#, St. Address, Box #: **R4 Coffeyville Kan**
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL... **65** ft. Bore Hole Diameter... **10** in. to **12** ft., and **6** in. to **65** 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... **22** ft. below land surface measured on **July** month **10** day **81** year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **3.5** 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 _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia... **6** in. to **19** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface... **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SOR 21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 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 **2** ft. to **12** 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... **N.W.** How many feet... **200** ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No 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 **July** month **10** day **1981** 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 **July** month **17** day **81** 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	2	2	12	Soil							
	2	12	12	40	Clay & Sand Rock							
	12	40	40	45	Sand Rock							
	40	45	45	60	Gray Shale							
	45	60	60	65	Water Sand							
	60	65	65	65	Gray Shale							

ELEVATION: _____
 Depth(s) Groundwater Encountered 1... **32** ft. 2... **60** 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 15 SW SEC 23 SE 1/4 SE 1/4 NE 1/4