

1 LOCATION OF WATER WELL
 County: Montgomery Fraction: NE 1/4 SE 1/4 NW 1/4 Section Number: 27 Township Number: T 34 S Range Number: R 15 EW

Distance and direction from nearest town or city? 1/2 m. S of Dearing & 2 1/2 m. W.
 Street address of well if located within city?

2 WATER WELL OWNER: Louis Lattin
 RR#, St. Address, Box #: Box 29 Dearing, Kansas 67340
 City, State, ZIP Code: Dearing, Kansas 67340
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 125 ft. Bore Hole Diameter: 10 in. to 10 ft., and 6 in. to 125 ft.
 Well Water to be used as:
 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: 60 ft. below land surface measured on Jan month 26 day 1981 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 334 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 13 1/2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR # 21
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 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:
 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: North west 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
 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 Jan month 26 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 Jan month 26 day 1981 year under the business name of Country Water by (signature) Malvin Ray Weber

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	2	Soil			
	2	11	Red Sand Rock			
	11	14	White Sand Rock			
	14	20	Yellow Sand Rock			
	20	45	Gray Shale			
	45	46	Black Shale			
	46	103	Gray Shale			
	103	125	Water Sand			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 103 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
34
R
15
EW
SEC
827
NE 1/4
SE 1/4
NW 1/4