

1 LOCATION OF WATER WELL  
 County: Montgomery Front: NE 1/4 NE 1/4 SE 1/4 Section Number 35 Township Number T 34 S Range Number R 15 E/W

Distance and direction from nearest town or city? 3m. W. of Coffeyville City limits 1/2 MN Street address of well if located within city?

2 WATER WELL OWNER: W. E. Brashear  
 RR#, St. Address, Box #: R1 Box 78 Coffeyville - Kan Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: R1 Box 78 Coffeyville - Kan Application Number:

3 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 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 10 Observation well  
 Well's static water level: 41' 3" below land surface measured on June month 16 day 1981 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 3 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile Casing Joints: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded \_\_\_\_\_  
 Threaded \_\_\_\_\_  
 Blank casing dia: 6 in. to 15 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:  
 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  
 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) \_\_\_\_\_  
 Direction from well: North How many feet: 7 ? 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 June month 17 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 9 day 81 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		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	<u>0</u>	<u>4</u>			<u>Soil</u>			
	<u>4</u>	<u>14</u>			<u>Red Sand Rock</u>			
	<u>14</u>	<u>16</u>			<u>Brown Clay</u>			
	<u>16</u>	<u>39</u>			<u>Brown Sand Rock</u>			
	<u>39</u>	<u>60</u>			<u>Light Brown Sand Rock</u>			
	<u>60</u>	<u>70</u>			<u>Gray Sand Rock</u>			
	<u>70</u>	<u>88</u>			<u>White Water Sand</u>			
	<u>88</u>	<u>90</u>			<u>Lime</u>			

ELEVATION: \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ ft. \_\_\_\_\_ 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 SEC. 35 NE 1/4 NE 1/4 SE 1/4