

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Montgomery	SW 1/4 NW 1/4 NW 1/4	34	T 34 S	R 16 E/W

Distance and direction from nearest town or city? _____ Street address of well if located within city? **2600 Edgevale, Coffeyville**

2 WATER WELL OWNER: **Dr. Coyle**
 RR#, St. Address, Box #: **Bus. 209 West 7th Coffeyville**
 City, State, ZIP Code _____ Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: **50** ft. Bore Hole Diameter: **10** in. to **50** ft., and _____ in. to _____ 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: **14** ft. below land surface measured on **JUNE** month **9** day **81** year

Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **34** 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 **35** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SPR 21**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			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: **3/32** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **35** ft. to **50** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **10** ft. to **50** 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	11 Fertilizer storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)
				17 NONE KNOWN

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 _____

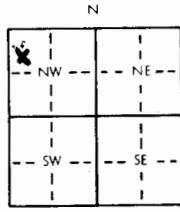
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **JUNE** month **10** day **1981** year

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 **1981** 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	Soil			
2	15	Yellow Clay			
15	22 1/2	Gray Clay			
22 1/2	25	Gray Sand Rock			
25	50	Gray Shale			



ELEVATION: _____

Depth(s) Groundwater Encountered 1. **22** 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.

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