

LOCATION OF WATER WELL Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 1 Township Number T 35 S Range Number R 15 EW

Distance and direction from nearest town or city? 3m. W. of Coffeyville City Limits on 166 highway Street address of well if located within city?

WATER WELL OWNER: Alan L. Thomas Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: RI Box 64 Coffeyville, Kan Application Number:

DEPTH OF COMPLETED WELL: 90 ft. Bore Hole Diameter: 10 in. to 12 ft., and 6 in. to 90 ft.

Well Water to be used as:  
 1 Domestic 1 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)

Well's static water level: 17 ft. below land surface measured on JUNE month 10 day 81 year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 4.875 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 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 12 in. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ in. Dia: \_\_\_\_\_ in. to \_\_\_\_\_ in. 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 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 0 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 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

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 \_\_\_\_\_

Sample submitted: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year Pump Installed? Yes No

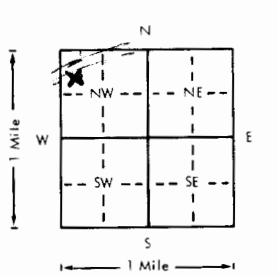
If Yes: Pump Manufacturer's name: \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

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 12 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 18 day 1981 year under the business name of Country Water by (signature) Melvin Roy Weber

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Soil			
1	4	Yellow Clay			
4	35	Sand Rock			
35	62	Water Sand			
62	67	Lime			
67	68	Sandy Shale			
68	90	Gray Shale			

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  
35  
R  
15  
EW  
SEC.