

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: MONTGOMERY	NE 1/4 NE 1/4 NE 1/4	3	T 35 S	R 15 EW

Distance and direction from nearest town or city? **3 MI EAST OF TYRO KANSAS**

Street address of well if located within city?

WATER WELL OWNER: **FERN CULMER**

RR#, St. Address, Box # : _____

City, State, ZIP Code : **CANEY KANSAS**

Board of Agriculture, Division of Water Resources
Application Number: _____

DEPTH OF COMPLETED WELL: **40** ft. Bore Hole Diameter: **8 7/8** in. to **40** ft., and _____ in. to _____ ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
		<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	

Well's static water level: **14** ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield: **NA** gpm: _____ Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____
		<input type="checkbox"/> 7 Fiberglass		Threaded _____

Blank casing dia: **5** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No: **40 SCHEDULE**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) 25/1000 SLOT	

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: **NA** From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well: **SW** How many feet: **60 FT.** ? 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: **GOULD** Model No. **NA** HP **1/3** Volts **115**

Depth of Pump Intake: **35** ft. Pumps Capacity rated at **250** gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month **OCT.** day **27** _____ year **1979**

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **379**

This Water Well Record was completed on **OCT.** month **27** day **1979** year under the business name of **SCS DRILLING** by (signature) **Robert Chase**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	6	SANDY SOIL			
	6	27	SHALE D/GRAY			
	27	38	WATER SAND			
	38	40	SHALE D/GRAY			

ELEVATION: _____

Depth(s) Groundwater Encountered **1. 27** 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
R
SEC
NE 1/4 NE 1/4 NE 1/4