

1 LOCATION OF WATER WELL  
 County: **Washington** Fraction **NW 1/4 NW 1/4 NE 1/4** Section Number **9** Township Number **T 3 S** Range Number **R 1 E EW**

Distance and direction from nearest town or city? **3 South - 1 1/2 West of Haddam** Street address of well if located within city?

2 WATER WELL OWNER: **William H. Keller**  
 RR#, St. Address, Box #: **Route # 1** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Haddam, Kansas 66944** Application Number:

3 DEPTH OF COMPLETED WELL: **180** ft. Bore Hole Diameter: **8** in. to **180** 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: ..... ft. below land surface measured on **November** month **19** day **1980** year  
 Pump Test Data: Est. Yield **1.2** gpm: Well water was **175** ft. after **1/2** hours pumping **12** 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: **5** in. to **160** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: **12** in., weight **3** lbs./ft. Wall thickness or ~~gauge~~ **.258**

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  9 ABS  11 Other (specify) .....  
 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: **5** in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From **160** ft. to **180** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From **10** ft. to **180** 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: **None**  
 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 ..... 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 **November** month **19** day **1980** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361**  
 This Water Well Record was completed on **December** month **4** day **1980** year under the business name of **Cox - Beswick Irrigation Service, Inc.** by (signature) *Francis Cox*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	12	Top soil & clay			
	12	24	Sandy clay			
	24	155	Clay			
	155	158	Sandy clay			
	158	160	Clay			
	160	170	Sand			
	170	180	Sandrock			

ELEVATION: .....  
 Depth(s) Groundwater Encountered **1. 160** 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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