

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Washington</u>		<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>6</u>	<u>T</u> <u>4</u> <u>S</u>	<u>R</u> <u>5</u> <u>E/W</u>		
Distance and direction from nearest town or city? <u>1 1/2 W - 1 N - 3/4 W of Barnes Kans.</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Charles Sedlacek</u>							
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Barnes, Kans. 66933</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>115</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>115</u> ft., and _____ in. to _____ ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot	5 Public water supply		8 Air conditioning		
2 Irrigation		4 Industrial	6 Oil field water supply		9 Dewatering		
			7 Lawn and garden only		10 Observation well		
					11 Injection well		
					12 Other (Specify below)		
Well's static water level: <u>83</u> ft. below land surface measured on _____ month _____ day _____ year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield: 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		
2 PVC		4 ABS	6 Asbestos-Cement		9 Other (specify below)		
			7 Fiberglass		Casing Joints: <u>Glued</u> _____ Clamped _____		
					Welded _____		
					Threaded _____		
Blank casing dia: <u>5</u> in. to <u>8.5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in. weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No <u>Sch. 40</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel	5 Fiberglass		7 PVC		
2 Brass		4 Galvanized steel	6 Concrete tile		8 RMP (SR)		
					9 ABS		
					10 Asbestos-cement		
					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		
2 Louvered shutter		4 Key punched	6 Wire wrapped		9 Drilled holes		
			7 Torch cut		10 Other (specify)		
					11 None (open hole)		
Screen-Perforation Dia: <u>5</u> in. to <u>11.5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>8.5</u> ft. to <u>11.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>11.5</u> ft. to <u>10.5</u> 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 <u>0</u> ft. to <u>10</u> 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		
2 Sewer lines		5 Seepage pit	8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy	9 Livestock pens		12 Insecticide storage		
					13 Watertight sewer lines		
					14 Abandoned water well		
					15 Oil well/Gas well		
					16 Other (specify below)		
Direction from well: <u>NW</u> How many feet: <u>100</u> ? Water Well Disinfected? <u>Yes</u> _____ No _____							
Was a chemical/bacteriological sample submitted to Department? <u>Yes</u> _____ <u>No</u> _____ If yes, date sample was submitted _____ month _____ day _____ year							
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) <u>reconstructed</u> , or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>176</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Harpers Drilling Serv.</u> by (signature) <u>G.E. Harper</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	EST. LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	50	Clay Brown?			
		50	60	Lime Rock White			
		60	65	Clay Blue			
		65	78	Lime Rock White			
		78	88	" " "			
		88	93	Shale Blue			
		93	98	Lime Rock White			
		98	113	Shale Brown			
		113	115	Lime Rock White			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>83</u> 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.