

1 LOCATION OF WATER WELL
 County: CLAY Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 34 Township Number: T 7 S Range Number: R 4 E EDW
 Distance and direction from nearest town or city? 1.5 - 1E - 3/4 S GREEN Street address of well if located within city?

2 WATER WELL OWNER:
 RR#, St. Address, Box #: RON RHODES Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: GREEN, KANSAS 67447 Application Number:

3 DEPTH OF COMPLETED WELL: 190 ft. Bore Hole Diameter: 8 in. to 190 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 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 175 ft. below land surface measured on _____ month 17 day 79 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 100 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 X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 5 in. to 170 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 3 lbs./ft. Wall thickness or gauge No: 1258
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 170 ft. to 190 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 190 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 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 NOT BUILT How many feet 75? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample _____
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 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 _____ month 17 day 79 year _____
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 359
 This Water Well Record was completed on _____ month 11 day 79 year under the business name of DARYL COX & SONS INC by (signature) Daryl Cox

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	TOPSOIL	180	190	LIMESTONE
4	50	BROWN CLAY	190		STOP
50	67	RED CLAY			
67	74	BROWN CLAY			
74	86	LIMESTONE			
86	97	BROWN CLAY			
97	116	LIMESTONE			
116	132	RED CLAY			
132	138	LIMESTONE			
138	160	BLUE SHALE			
160	180	BROWN CLAY			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 135 ft. 2. 180 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.
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SW 1/4 SW 1/4 SW 1/4