

1 LOCATION OF WATER WELL
 County: **CLAY** Fraction **NE 1/4 NW 1/4 NW 1/4** Section Number **9** Township Number **T 8 S** Range Number **R 3E E/W**

Distance and direction from nearest town or city? **1 mile East 1 mile North of Clay Center** Street address of well if located within city?

2 WATER WELL OWNER: **C. E. Noffsinger, D.V.M.**
Route 4
Clay Center, KS. 67432
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL. **42** ft. Bore Hole Diameter. **8"** in. to ft., and in. to ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Well's static water level **25'** ft. below land surface measured on **May** month **27** day **1981** year
 Pump Test Data : Well water was **42** ft. after **3/4** hours pumping. **10-12** gpm
 Est. Yield **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
 3 Feedlot 7 Fiberglass Threaded
 Blank casing dia **5"** in. to **32'** 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. **258**

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
 Screen-Perforated Dia. **5"** in. to ft., Dia in. to ft., Dia in. to ft.
 Screen-Perforated Intervals: From **32** ft. to **42** ft., From ft. to ft.
 Gravel Pack Intervals: From **10** ft. to **42** 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 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) **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
 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 **May** month **27** day **1981** 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 **May** month **27** day **1981** year under the business name of **Cox-Beswick Irrigation Service, Inc.** by (signature) **[Signature]**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	32	Sandy Clay		
	32	34	Sand			
	34	42	Limerock			

ELEVATION:

Depth(s) Groundwater Encountered 1. **32'** 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
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 EW
 SEC
 NE 1/4
 NW 1/4
 SW 1/4
 SE 1/4