

1 LOCATION OF WATER WELL
 County: CLAY Fraction: SE 1/4 NE 1/4 NE 1/4 Section Number: 7 Township Number: T 9 S Range Number: R 3 EW

Distance and direction from nearest town or city? IN CLAY CENTER Street address of well if located within city? 5TH + DEXTER

2 WATER WELL OWNER: BOOGAARTS SUPERMARKET
 RR#, St. Address, Box #: 5TH + DEXTER Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: CLAY CENTER KANSAS 67432 Application Number:

3 DEPTH OF COMPLETED WELL: 59 ft. Bore Hole Diameter: 10 in. to _____ 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)
REFERIGATION COOLING
 Well's static water level: 26 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 50+ gpm: Well water was NA 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 7 Fiberglass 9 Other (specify below) Welded _____
 Threaded _____
 Blank casing dia: 4 in. to _____ 39 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 258
 TYPE OF SCREEN OR PERFORATION MATERIAL:
7 PVC 10 Asbestos-cement
 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 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 4 in. to _____ 59 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ 39 ft. to _____ 59 ft., From _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ 13 ft. to _____ 59 ft., From _____ ft. to _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From _____ 3 ft. to _____ 13 ft., From _____ ft. to _____ 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 priy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: NORTH How many feet: 50 ? 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 X No _____
 If Yes: Pump Manufacturer's name: MYERS Model No. ? HP 3-3PH Volts _____
 Depth of Pump Intake: 40 ft. Pumps Capacity rated at 50+ 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 X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ 7 month _____ 15 day _____ 1981 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 _____ 7 month _____ 23 day _____ 1981 year under the business name of DARYL COX + SONS INC by (signature) Daryl Cox

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
	0	2	20	25	TOPSOIL							
	2	20			BROWN CLAY							
	20	25			SANDY CLAY							
	25	28			GRAVEL (FINE)							
	28	58			COARSE GRAVEL							
	58	59			BLUE SHALE							
	59			STOP								

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ 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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