

LOCATION OF WATER WELL: Fraction SW 1/4 NE 1/4 SE 1/4 Section Number 15 Township Number T 9 S Range Number R 1 EW  
 County: CLAY

Distance and direction from nearest town or city? 2 1/2 EAST Street address of well if located within city?  
1 NORTH OAK HILL

WATER WELL OWNER: MERTON STONE  
 P.O. #, St. Address, Box #: ROUTE 1 BOX 9  
 City, State, ZIP Code: OAKHILL, KANSAS 67472  
 Board of Agriculture, Division of Water Resources Application Number:

DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 8 in. to 40 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Well Water to be used as:  
 1 Domestic 1 3 Feedlot 6 Oil field 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: 14 ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Test Yield: 6 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued X Clamped \_\_\_\_\_  
 2 PVC 2 4 ABS 7 Fiberglass 9 Other (specify below) Welded \_\_\_\_\_  
 10 Asbestos-cement Threaded \_\_\_\_\_  
 Blank casing dia: 5 in. to 20 ft. Dia 5 in. to 40 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in. weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 1258

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 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) \_\_\_\_\_

Screen-Perforation Dia: 5 in. to 30 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 20 ft. to 30 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Travel Pack Intervals: From 13 ft. to 40 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From 3 ft. to 13 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: EAST How many feet: 300 ? Water Well Disinfected? Yes X No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X If yes, date sample submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes \_\_\_\_\_ No X  
 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 \_\_\_\_\_

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, (2) reconstructed, 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. 359  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ 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	4	TOPSOIL			
	4	16	BROWN CLAY			
	16	25	BLUE CLAY w/ SANDY SILT			
	25	36	BLUE CLAY			
	36	40	RED CLAY			
	40	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.