

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>CLAY</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>23</u>	T <u>9</u> S	R <u>2</u> <u>EW</u>

Distance and direction from nearest town or city? 9 1/2 - 4 W Street address of well if located within city?
155 CLAY CENTER

WATER WELL OWNER: EARL WELLS
 RR#, St. Address, Box #: CLAY CENTER, KANSAS 67432
 City, State, ZIP Code: CLAY CENTER, KANSAS 67432
 Board of Agriculture, Division of Water Resources
 Application Number:

DEPTH OF COMPLETED WELL: 97 ft. Bore Hole Diameter: 8 in. to 97 ft., and _____ in. to _____ ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
<u>1 Domestic</u> 3 Feedlot	6 Oil field water supply	9 Dewatering
2 Irrigation 4 Industrial	7 Lawn and garden only	12 Other (Specify below)
	10 Observation well	

Well's static water level: 40 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 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 <u>X</u> Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: 5 in. to 77 ft., Dia _____ in. to _____ 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)	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	<u>8 Saw cut</u>	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 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 77 ft. to 97 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 97 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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	<u>X</u> 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: NORTHWEST How many feet: 50 ? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No NO 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

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
	<u>0</u>	<u>3</u>	<u>TOPSOIL</u>			
	<u>3</u>	<u>41</u>	<u>BROWN CLAY w/ LIMESTONE LAYERS</u>			
	<u>41</u>	<u>76</u>	<u>BLUE CLAY</u>			
	<u>76</u>	<u>95</u>	<u>LIMESTONE w/ BLUE CLAY LAYERS</u>			
	<u>95</u>	<u>100</u>	<u>BLUE SHALE w/ GYP</u>			
	<u>100</u>	<u>STOP</u>				

ELEVATION: _____ ft. _____ ft. _____ ft. _____ 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.