

LOCATION OF WATER WELL County: <b>CLAY</b>	Fraction <b>SE 1/4 NW 1/4 NW 1/4</b>	Section Number <b>6</b>	Township Number <b>T 9 S</b>	Range Number <b>R 3 EW</b>
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Distance and direction from nearest town or city? **5-3 3/4 W CLAY CENTER** Street address of well if located within city?

WATER WELL OWNER: **DALE BURGER**  
 R#, St. Address, Box #: **RFD 5** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **CLAY CENTER, KANSAS 67432** Application Number:

DEPTH OF COMPLETED WELL: **140** ft. Bore Hole Diameter: **8** in. to **140** ft., and . . . . . in. to . . . . . ft.

Well Water to be used as:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 12 Other (Specify below)

Well's static water level: **80** ft. below land surface measured on . . . . . **12** month . . . . . **20** day . . . . . **1980** year

Pump Test Data: Well water was **NA** ft. after . . . . . hours pumping. . . . . gpm  
 Test Yield **30** gpm: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm

TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded
				<input type="checkbox"/> Threaded

Blank casing dia: **5** in. to **120** ft., Dia **120** 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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input checked="" type="checkbox"/> 9 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

Screen-Perforation Dia: **5** in. to **140** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Screen-Perforated Intervals: From **120** ft. to **140** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

Gravel Pack Intervals: From **10** ft. to **140** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GROUT MATERIAL:  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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well: **WEST** How many feet: **250** ? Water Well Disinfected? Yes  No

Has a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes  No

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  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on . . . . . **12** month . . . . . **20** day . . . . . **1980** year

I 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 . . . . . **12** month . . . . . **22** day . . . . . **1980** 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	3	TOPSOIL			
	3	48	BROWN CLAY			
	48	74	RED + BLUE CLAY			
	74	84	BLUE CLAY W/ LIMESTONE LAYERS			
	84	91	BLUE SHALE			
	91	95	LIMESTONE			
	95	121	BLUE SHALE			
	121	136	LIMESTONE			
	136	140	BLUE SHALE			
	140		STOP			

DEPTH: (Use a second sheet if needed)

1. . . . . ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft.

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.