

1 LOCATION OF WATER WELL County: RUSSELL	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 26	Township Number T 13S S	Range Number R 14W E/W
--	---	-----------------------------	-----------------------------------	----------------------------------

Distance and direction from nearest town or city? **City of Russell** Street address of well if located within city? **449 E. 5th**

2 WATER WELL OWNER: **Merryfield, Laddie E.**
 RR#, St. Address, Box #: **449 E. 5th**
 City, State, ZIP Code: **Russell, Kans. 67665**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **53** ft. Bore Hole Diameter: **8** in. to **53** 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)
		7 Lawn and garden only	10 Observation well	

Well's static water level: **25** ft. below land surface measured on **April** month **3** day **1981** year

Pump Test Data **Pumps Dru** Well water was ft. after hours pumping gpm
 Est. Yield **3** 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 <input checked="" type="checkbox"/> Clamped
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing dia: **5** in. to **20** in. Dia ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface: **24** in., weight **2.82** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			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 ft. Dia in. to ft. Dia in. to ft.

Screen-Perforated Intervals: From **20** ft. to **53** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **18** ft. to **53** ft., From ft. to 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	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: **North** How many feet: **30** ? 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: **Aermotor** Model No. **SD5-33** HP **1/3** Volts **230**

Depth of Pump Intake: **50** ft. Pumps Capacity rated at **5** 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 **June 16** month **16** day **1981** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **360**

This Water Well Record was completed on **August 11** month **11** day **1981** year under the business name of **WAGNER'S WATER WELL DRILLING** by (signature) *William H. Wagner*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	18	clay		
	18	26	sand clay			
	26	27	rock			
	27	53	shale			

ELEVATION:

Depth(s) Groundwater Encountered **1. 21** 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