

1 LOCATION OF WATER WELL
 County: ELLIS Fraction: SE 1/4 NW 1/4 NW 1/4 Section Number: 34 Township Number: T 13 S Range Number: R 18 EW

Distance and direction from nearest town or city? 1.5 miles N Street address of well if located within city? 1117 DRUM ST

2 WATER WELL OWNER: ALFRED A. ARNOLD
 RR#, St. Address, Box #: 1117 DRUM ST Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: HAYS, KS, 67601 Application Number:

3 DEPTH OF COMPLETED WELL: 36 ft. Bore Hole Diameter: 7 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)
 2 Lawn and garden only 10 Observation well
 Well's static water level: 26 ft. below land surface measured on _____ month 16 day 81 year
 Pump Test Data: Well water was 20 ft. after 2 hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was 20 ft. after 2 hours pumping 28 gpm

4 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass SPR 26 Threaded _____
 Blank casing dia 5 IN in. to 26 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 16 IN in., weight _____ lbs./ft. Wall thickness or gauge No SPR-26

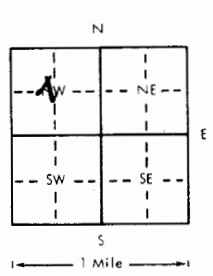
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) SPR 26
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 26 ft. to 36 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 26 ft. to 36 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 1 ft. to 10 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

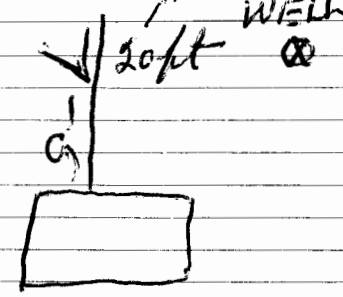
What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well: WEST How many feet: 20 ? 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 _____ 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 _____

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 _____ month 3 day 27 91 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 266
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of RAYMOND F COVPAK by (signature) R F Covpak

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	TOP SOIL			
6	20	BROWN CLAY			
20	26	DRY SAND			
26	35	WET COARSE SAND			
35	36	BLUE SILT			



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.

OFFICE USE ONLY

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EW

SEC

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SE 1/4 NW 1/4 NW 1/4