

1 LOCATION OF WATER WELL
 County: Lincoln Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 29 Township Number T 13 S Range Number R 9W E/W

Distance and direction from nearest town or city? 10 S, 3 1/2 W of Vesper, Kansas
 Street address of well if located within city?

2 WATER WELL OWNER: Henry Mattas
 RR#, St. Address, Box #: Route 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Wilson, Kansas 67490 Application Number: None

3 DEPTH OF COMPLETED WELL: 277 ft. Bore Hole Diameter: 8 in. to 277 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: 168 ft. below land surface measured on _____ month 23 day 1979 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 10 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 _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to 197 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40
 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 9 ABS 11 Other (specify) _____
 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 197 ft. to 277 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 277 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)
 Direction from well: West How many feet: 150 ? 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: Goulds Model No. ES HP 1 Volts 230
 Depth of Pump Intake: 260 ft. Pumps Capacity rated at 5 gal./min.
 Type of pump: 1 Submersible X 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 _____ October month _____ 23 day _____ 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186
 This Water Well Record was completed on _____ March month _____ 5 day _____ 1980 year under the business name of Kellys Water Well Service by (signature) Kelly Price

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	5	Clay		
	5	50	Lime rock			
	50	197	Shale			
	197	277	Shale with sand rock streaks			

ELEVATION: Unknown

Depth(s) Groundwater Encountered 1. 168 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
T
13
R
9
SEC
29
S
1/4
S
1/4
S
E
1/4