

1. LOCATION OF WATER WELL
 County: **Gove** Fraction: **NW 1/4 NW 1/4 SE 1/4** Section Number: **27** Township Number: **T 15 S** Range Number: **R 29 EW**
 Distance and direction from nearest town or city? **8 1/2 Miles North** Street address of well if located within city?
4 1/2 East of Healy, Kansas

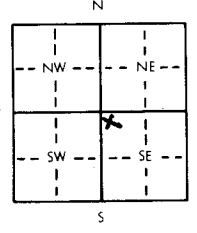
2. WATER WELL OWNER: **Robert Miller**
 RR#, St. Address, Box #: **R R** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Healy, Kansas 67850** Application Number:

3. DEPTH OF COMPLETED WELL: **85** ft. Bore Hole Diameter: **9** in. to **85** ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **66** ft. below land surface measured on **1** month **20** day **1981** year
 Pump Test Data: Well water was **70** ft. after **4** hours pumping **20** gpm
 Est. Yield **50** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4. TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Casing Joints: **Glued** Clamped
 2 PVC 4 ABS 7 Fiberglass _____ Welded
 Blank casing dia: **5** in. to **65** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **2.368** lbs./ft. Wall thickness or gauge No. **.214**
 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) _____
 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 **85** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **65** ft. to **85** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **50** ft. to **85** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other: **Drill cuttings**
 Grouted Intervals: From **15** ft. to **50** ft., From **4** ft. to **15** 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: **100** ? 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: **Red Jacket** Model No. **N12BC** HP **3/4** Volts **230**
 Depth of Pump Intake: **80** ft. Pumps Capacity rated at **10** 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 **21** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **232**
 This Water Well Record was completed on _____ month **23** day **1981** year under the business name of **Weishaar Drilling & Supply Inc.** by (signature) *[Signature]*

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	35	Clay	35	57	Sand
57	68	Clay	68	81	Sand & gravel
81	85	Shale			

 ELEVATION:
 Depth(s) Groundwater Encountered 1. **66** 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 15
 R 29
 SEC 27
 NW 1/4
 NE 1/4
 SE 1/4