

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Gove</u>	<u>NW</u> 1/4 <u>SE</u> 1/4 <u>NE</u> 1/4	<u>35</u>	T <u>15</u> S	R <u>29</u> <u>EW</u>

Distance and direction from nearest town or city? 6 miles East
8 miles North of Healy, Kansas

Street address of well if located within city?

2 WATER WELL OWNER: Warren L. Munsell

RR#, St. Address, Box # : _____

City, State, ZIP Code : Healy, Kansas 67350

Board of Agriculture, Division of Water Resources
Application Number: _____

3 DEPTH OF COMPLETED WELL: 21 ft. Bore Hole Diameter: 9 in. to 21 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	<u>12 Other (Specify below)</u>
		7 Lawn and garden only	10 Observation well	<u>Stockwell</u>

Well's static water level: 13 ft. below land surface measured on _____ month 28 day 1980 year

Pump Test Data: NA Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield: _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

1 Steel	<u>3 RMP (SR)</u>	5 Wrought iron	8 Concrete tile	<u>Casing Joints: Glued</u>	Clamped
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
		7 Fiberglass		Threaded	

Blank casing dia: 5 in. to 13 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: 12 in., weight 1.75 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>8 RMP (SR)</u>	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	<u>8 Saw cut</u>	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 21 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 13 ft. to 21 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From _____ ft. to _____ 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 12 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	<u>9 Livestock pens</u>	12 Insecticide storage	16 Other (specify below)
			13 Watertight sewer lines	

Direction from well: East. How many feet: 200? 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 _____

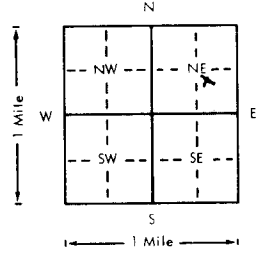
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

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 _____ day _____ 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 _____ day _____ 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		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	<u>10</u>	<u>10</u>	<u>Clay</u>	<u>10</u>	<u>18</u>	<u>Sand & gravel</u>
	<u>18</u>	<u>21</u>	<u>Shale</u>			
ELEVATION:						

Depth(s) Groundwater Encountered 1 ft. 3 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 29 35 NW 1/4 SE 1/4 NE 1/4