

1 LOCATION OF WATER WELL	Fraction NE ¼ NW ¼ NE ¼	Section Number 12	Township Number T 16 S	Range Number R 26 EW
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Distance and direction from nearest town or city? **1 East, 3 North of Utica, Kansas**  
 Street address of well if located within city?

2 WATER WELL OWNER: **Gary Evel**  
 RR#, St. Address, Box #: **R.R.**  
 City, State, ZIP Code: **Utica, Kansas 67584**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: **35** ft. Bore Hole Diameter: **9** in. to ..... ft., and ..... in. to ..... ft.  
 Well Water to be used as: **1** 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: **20** ft. below land surface measured on **September** month **2** day **1981** year  
 Pump Test Data: Well water was **20** ft. after **1** hours pumping **10** gpm  
 Est. Yield **10** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED: **2** 5 Wrought iron 8 Concrete tile Casing Joints: **X** Glued ..... Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass ..... Threaded .....  
 Blank casing dia: **5** in. to **25** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: **24** in., weight **200** lbs./ft. Wall thickness or gauge No. **21**

TYPE OF SCREEN OR PERFORATION MATERIAL: **7** 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are: **8** 5 Gauzed wrapped **8 Saw cut** 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 Screen-Perforation Dia: **5** in. to **35** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From **25** ft. to **35** ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From **15** ft. to **35** ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: **1** 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: **NONE** 10 Fuel storage 14 Abandoned water well  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines  
 Direction from well: ..... How many feet: ..... ? Water Well Disinfected? Yes **X** No  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No **X** If yes, date sample  
 was submitted ..... month ..... day ..... year Pump Installed? Yes ..... No **X**  
 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 **September** month **2** day **1981** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **199**  
 This Water Well Record was completed on **September** month **23** day **1981** year under the business  
 name of **Karst Water Well Service** (Signature) *M.B. Karst*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	5	Topsoil		
5	8	8	Brown clay			
8	21	21	Sandy clay			
21	31	31	Sand			
31	38	38	White clay			
33	35	35	Blue shale			

ELEVATION: **Upland**

Depth(s) Groundwater Encountered **1** **33** 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  
16  
R  
86  
EDD  
SEC  
12  
NE ¼  
NW ¼  
SE ¼  
SW ¼