

1 LOCATION OF WATER WELL  
 County: **Wallace Greeley** Fraction **NE 1/4 NE 1/4 SW 1/4** Section Number **1** Township Number **T 14 S** Range Number **R 39 E 10**  
 Distance and direction from nearest town or city? **1.55 - 1/2 E Wallace** Street address of well if located within city?

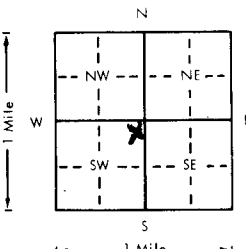
2 WATER WELL OWNER: **Gerald Herl**  
 RR#, St. Address, Box #: **Rt. 1** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Sharon Springs, Kansas** Application Number:

3 DEPTH OF COMPLETED WELL: **184** ft. Bore Hole Diameter: **28** in. to **184** 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: **9.5** ft. below land surface measured on month day year  
 Pump Test Data: Well water was ft. after hours pumping gpm  
 Est. Yield **1400** 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 **16** in. to **124** ft. Dia in. to ft. Dia in. to ft.  
 Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No. **188**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)  
 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify)  
 7 Torch cut  
 Screen-Perforation Dia: **16** in. to ft. Dia in. to ft. Dia in. to ft.  
 Screen-Perforated Intervals: From **124** ft. to **184** ft. From ft. to ft. From ft. to ft.  
 Gravel Pack Intervals: From **10** ft. to **184** 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 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) **none**  
 Direction from well How many feet? 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. **14 JHMC** HP **150** Volts  
 Depth of Pump Intake **180** ft. Pumps Capacity rated at **1400** 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 **3** month **29** day **78** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **214**  
 This Water Well Record was completed on **9** month **2** day **80** year under the business name of **BLUE JAY DRILLING CO., INC.** by (signature) *John Hall*

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	95	top soil			
95	145	fine sand sandy clay			
145	155	gravel sandy clay			
155	172	med gravel			
172	175	rock			
175	184	med gravel			
184	186	ochre shale			

  
 ELEVATION: **upland**

Depth(s) Groundwater Encountered 1. **95** 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  
14  
R  
39  
E  
10  
SEC.  
1  
NE 1/4  
NE 1/4  
SW 1/4