

1 LOCATION OF WATER WELL County: <u>Barton</u>	Fraction <u>SW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>32</u>	Township Number <u>T 17 S</u>	Range Number <u>R 13 EW</u>
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Distance and direction from nearest town or city? \_\_\_\_\_ Street address of well if located within city? 315 Cheyenne

2 WATER WELL OWNER: Vic Jacobo  
 RR#, St. Address, Box #: 315 Cheyenne Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hawkington, Mo. 67544 Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: 44 ft. Bore Hole Diameter: 11 in. to 44 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic  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: 14 ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: \_\_\_\_\_ Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: NA 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 17 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 18 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 258  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 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 44 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 17 ft. to 44 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 10 ft. to 50 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL:  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)  
 13 Watertight sewer lines  
 Direction from well: South West How many feet: 1500' ? Water Well Disinfected? Yes HTH 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. UCC HP 3/4 Volts 230  
 Depth of Pump Intake: 33 ft. Pumps Capacity rated at 18 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. 134  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of Rosenkrantz - Bemis by (signature) Rora Dodson

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	3	Top soil			
	3	11	Gray clay			
	11	17	Brown clay			
	17	31	Sand brown clay w/ white rock			
	31	36	Silt clay, + sand rock			
	36	44	White clay			
	44	50	Silt clay			

ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. 10 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 17  
R 13  
SEC. 32  
SW 1/4  
NW 1/4  
SE 1/4