

1 LOCATION OF WATER WELL
 County: Jane Fraction NE 1/4 SE 1/4 SE 1/4 Section Number 26 Township Number T 17 S Range Number R 28 E/W
 Distance and direction from nearest town or city? 5 Miles East Street address of well if located within city?
4 1/2 North of Dighton, Kansas

2 WATER WELL OWNER: Kenneth Hartman
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Shields, Kansas Application Number: _____

3 DEPTH OF COMPLETED WELL... 132 ...ft. Bore Hole Diameter... 9 ...in. to... 132 ...ft., and... ..in. to... ..ft.
 Well Water to be used as:
 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 Stockwell
 Well's static water level... ..ft. below land surface measured on... ..month... ..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 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... ..in. to... ..ft. Dia... ..in. to... ..ft. Dia... ..in. to... ..ft.
 Casing height above land surface: 12 in., weight... ..lbs./ft. Wall thickness or gauge No. 250

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
 7 Torch cut 10 Other (specify) ..

Screen-Perforation Dia... ..in. to... ..ft. Dia... ..in. to... ..ft. Dia... ..in. to... ..ft.
 Screen-Perforated Intervals: From... ..ft. to... ..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 Drill Cuttings... ..
 Grouted Intervals: From... ..ft. to... ..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... ..East... .. How many feet... ..150... ..? 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... ..7... ..month... ..15... ..day... ..1980... ..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... ..7... ..month... ..28... ..day... ..1980... ..year under the business name of Weishaar Drilling & Supply Inc. by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	18	Clay	18	25	Gyp
	25	33	Rock	33	45	Fine Sand
	45	50	Sandy Clay	50	60	Sand
	60	65	Clay	65	73	Sand
	73	75	Sand Cemented	75	95	Sandy Clay
	95	102	Sand Medium	102	107	Fine Sand
	107	128	Sand	128	132	Yellow Clay

ELEVATION: _____
 Depth(s) Groundwater Encountered 1... ..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.