

1 LOCATION OF WATER WELL  
 County: Iane Fraction NW  $\frac{1}{4}$  NW  $\frac{1}{4}$  NE  $\frac{1}{4}$  Section Number 12 Township Number T 17 S Range Number R 30 EW

Distance and direction from nearest town or city? 1 1/2 Miles East of Healy, Kansas  
 Street address of well if located within city?

2 WATER WELL OWNER: York B rothers  
 RR#, St. Address, Box # :  
 City, State, ZIP Code : Healy, Kansas 67850  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 175 ft. Bore Hole Diameter: 9 in. to 175 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  8 Air conditioning  10 Observation well  11 Injection well  
 Well's static water level: 116 ft. below land surface measured on 1 month 5 day 1981 year  
 Pump Test Data : Well water was 120 ft. after 4 hours pumping 20 gpm  
 Est. Yield 50 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF CASING USED:  
 1 Steel  3 RMP (SR)  6 Asbestos-Cement  9 Other (specify below)  
 2 PVC  4 ABS  7 Fiberglass  
 Blank casing dia 5 in. to 155 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12 in., weight 2.368 lbs./ft. Wall thickness or gauge No. 214  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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  6 Wire wrapped  8 Saw cut  11 None (open hole)  
 2 Louvered shutter  4 Key punched  7 Torch cut  10 Other (specify) .....  
 Screen-Perforation Dia: 5 in. to 175 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 155 ft. to 175 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 130 ft. to 175 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 15 ft. to 130 ft., From 4 ft. to 15 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) .....  
 Direction from well: Northeast How many feet: 70 ? Water Well Disinfected:  Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No  No If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed?  Yes  No  
 If Yes: Pump Manufacturer's name: Red Jacket Model No. N14BC HP 1 Volts 230  
 Depth of Pump Intake: 150 ft. Pumps Capacity rated at 10 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 1 month 7 day 1981 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 1 month 20 day 1981 year 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	FROM	TO	LITHOLOGIC LOG			
	0	20	Clay	20	29	Gyp			
	29	40	Clay	40	44	Rock			
	44	49	Clay	49	51	Sand rock			
	51	64	Sand	64	74	Fine sand			
	74	92	Sand Rock	92	134	Fine sand			
	134	142	Sand	142	164	Fine sand			
	164	173	Sand & gravel	173	175	Yellow clay			

ELEVATION:  
 Depth(s) Groundwater Encountered 1. 116 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 30  
SEC 12  
NW 1/4  
NW 1/4  
SE 1/4