

1 LOCATION OF WATER WELL
 County: Iane Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 23 Township Number: T 18 S Range Number: R 30 EW
 Distance and direction from nearest town or city? 7 1/2 Miles West of Dighton, Kansas Street address of well if located within city?

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

3 DEPTH OF COMPLETED WELL: 105 ft. Bore Hole Diameter: 9 in. to 105 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 76 ft. below land surface measured on _____ 9 _____ month _____ 23 _____ 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) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to 85 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 1.75 lbs./ft. Wall thickness or gauge No. 214
 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: 5 in. to 105 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 15 ft. to 70 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: North How many feet: 100? 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 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 _____ 9 _____ month _____ 24 _____ 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 _____ 9 _____ month _____ 25 _____ day _____ 1980 year under the business name of Weishaar Drilling & Supply Inc. by (signature) [Signature]

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	35	Clay	35	50	Gyp rock
50	57	Fine sand	57	75	Sand rock
75	84	Fine sand	84	95	Sand rock
95	97	Sand	97	105	Sand rock
105		Yellow Clay			

ELEVATION:
 Depth(s) Groundwater Encountered 1. 76 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
18
R
30
EW
SEC.
23
NE 1/4
NE 1/4
NW 1/4