

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: SCOTT	SE 1/4 SE 1/4 SE 1/4	14	T 18 S	R 33 EW

Distance and direction from nearest town or city? 0.25 East SCOTT City, KS  
 Street address of well if located within city?

WATER WELL OWNER: Charles Smith  
 TR#, St. Address, Box #: Scott City, KS. 67871  
 City, State, ZIP Code: \_\_\_\_\_  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

DEPTH OF COMPLETED WELL 195 ft. Bore Hole Diameter 9 in. to 195 ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Observation well
		12 Other (Specify below)

Well's static water level 98 ft. below land surface measured on Oct. month 15 day 76 year

Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 150 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia 5 in. to 175 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 333

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				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 195 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 175 ft. to 195 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 15 ft. to 195 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 5 ft. to 15 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

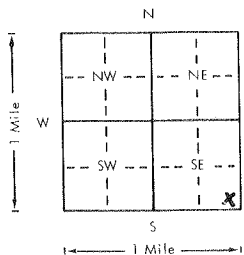
What is the nearest source of possible contamination?  1 Septic tank  2 Sewer lines  3 Lateral lines  4 Cess pool  5 Seepage pit  6 Pit privy  7 Sewage lagoon  8 Feed yard  9 Livestock pens  10 Fuel storage  11 Fertilizer storage  12 Insecticide storage  13 Watertight sewer lines  14 Abandoned water well  15 Oil well/Gas well  16 Other (specify below) \_\_\_\_\_

Direction from well South How many feet 75? 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 Oct. month 15 day 1976 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 256  
 This Water Well Record was completed on 7 month 30 day 80 year under the business name of Whinery Drilling 405 Antelope Scott City, KS. by (signature) J. Whinery

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	0	10	195			
	0	10	195			Blue State
	10	40				
	40	65				
	65	105				
	105	135				
	135	150				
	150	172				
	172	182				
	182	190				
	190	195				

LITHOLOGIC LOG: Soil, clay, Sand, clay, Sandy clay, Sand & rock, clay, Sand, Sandy clay, yellow



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.