

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>GREENE</b>		<b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$	<b>29</b>	<b>T 18 S</b>	<b>R 40 NW</b>
Distance and direction from nearest town or city street address of well if located within city?					

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 118 ft. ELEVATION:

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes.....No.....

Blank casing diameter 18 in. to    ft., Dia    in. to    ft., Dia    in. to    ft.  
Casing height above land surface    in., weight    lbs./ft. Wall thickness or gauge No.   

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) <b>NA</b>

SCREEN-PERFORATED INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., 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.	From	ft. to	ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 8 ft. to 3 ft. From ft. to ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	NONE

Direction from well? \_\_\_\_\_

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-29-81 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KSU This Water Well Record was completed on (mo/day/yr) 7/29/81 under the business name of by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.