

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: ALPHERSON		NW 1/4 SW 1/4 NE 1/4		35		T 19 S		R 1 EW	
Distance and direction from nearest town or city? 1 SO + 1 1/2 E of CANTON				Street address of well if located within city?					

2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: FRANK WESTBROOK BOX 127		Application Number:	
City, State, ZIP Code: CANTON, KS 67428			

3 DEPTH OF COMPLETED WELL: 78 ft. Bore Hole Diameter: 14 in. to 78 ft., and _____ in. to _____ ft.	
Well Water to be used as:	
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below)
Well's static water level: 11 ft. below land surface measured on _____ month 10 day 24 year 79	
Pump Test Data: _____ Well water was 22 ft. after 3 hours pumping 12 gpm	
Est. Yield 15/25 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____	
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS	<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Blank casing dia: 6 in. to 78 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface: 18 in., weight 2.82 lbs./ft. Wall thickness or gauge No. 258	
TYPE OF SCREEN OR PERFORATION MATERIAL:			
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass	<input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile	<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)
Screen or Perforation Openings Are:			
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut	<input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11 None (open hole)
Screen-Perforation Dia: 6 in. to 78 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.			
Screen-Perforated Intervals: From 20 ft. to 38 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
Gravel Pack Intervals: From 10 ft. to 78 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

5 GROUT MATERIAL:		2 Cement grout		3 Bentonite		4 Other _____	
Grouted Intervals: From 10 ft. to 0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
<input type="checkbox"/> 1 Septic tank <input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 13 Watertight sewer lines	<input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below)			
Direction from well: South How many feet: 50' ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other _____							

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed <input type="checkbox"/> (2) reconstructed or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on 10 month 24 day 79 year _____	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. #175	
This Water Well Record was completed on 11 month 26 day 79 year under the business name of PAUL'S INC by (signature) Paul Burkett	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	7			SAND/SILT			
	7	14			light grey CLAY			
	14	18			brown coarse SAND			
	18	22			GREY CLAY			
	22	33			coarse SAND & CLAY LAYERED			
	33	48			hard grey/green clay w several thin sand seams			
	48	55			GREY clay dark			
	55	78			" " to DARK Blue (Wellington)			

1 Mile

ELEVATION:

pth(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 in one for your records.