

1. LOCATION OF WATER WELL County: <u>Mpherson</u>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>		Section Number <u>21</u>		Township Number <u>T 19 S</u>		Range Number <u>R 2 E W</u>					
Distance and direction from nearest town or city? <u>In Galva</u>				Street address of well if located within city? <u>315 S Santa Fe</u>									
2. WATER WELL OWNER: <u>Clyde Walline</u> RR#, St. Address, Box #: <u>315 S Santa Fe</u> City, State, ZIP Code: <u>Galva KS 67443</u>						Board of Agriculture, Division of Water Resources Application Number:							
3. DEPTH OF COMPLETED WELL: <u>44</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>44</u> ft., and _____ in. to _____ ft.													
Well Water to be used as: 1 Domestic    3 Feedlot    5 Public water supply    8 Air conditioning    11 Injection well 2 Irrigation    4 Industrial    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 7 Lawn and garden only    10 Observation well													
Well's static water level: <u>18</u> ft. below land surface measured on _____ month <u>30</u> day <u>21</u> year													
Pump Test Data: 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)    5 Wrought iron    8 Concrete tile    Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ 2 <u>PVC</u> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    Threaded _____ Blank casing dia: <u>5</u> in. to <u>14 3/4</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: _____ in., weight <u>10.25</u> lbs./ft. Wall thickness or gauge No. <u>160</u>													
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: <u>5</u> in. to <u>44</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Screen-Perforated Intervals: From <u>34</u> ft. to <u>44</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Gravel Pack Intervals: From <u>10</u> ft. to <u>44</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
5. GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout    3 Bentonite    4 Other _____ Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
What is the nearest source of possible contamination: 1 Septic tank    4 Cess pool    7 Sewage lagoon    10 Fuel storage    14 Abandoned water well 2 Sewer lines    5 Seepage pit    8 Feed yard    11 Fertilizer storage    15 Oil well/Gas well 3 Lateral lines    6 Pit privy    9 Livestock pens    12 Insecticide storage    16 Other (specify below) _____ 13 <u>Watertight sewer lines</u>													
Direction from well: <u>N</u> How many feet: <u>30</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ 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: 1 Submersible    2 Turbine    3 Jet    4 Centrifugal    5 Reciprocating    6 Other _____													
6. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>30</u> day <u>21</u> year <u>1980</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on _____ month <u>30</u> day <u>21</u> year under the business name of <u>Backhus Drilling</u> by (signature) <u>Paul Backhus</u>													
7. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		2		Top Soil							
		2		18		Clay							
		18		44		fine to medium sand							
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.