

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>McPherson</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>26</u>	T <u>19</u> S	R <u>2</u> <u>W</u>		
Distance and direction from nearest town or city? <u>1 1/2 mi EAST ARK</u>			Street address of well if located within city?				
1 WATER WELL OWNER: <u>DARRYL G. UNRUH</u>			Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>R.R. #4</u>			Application Number:				
City, State, ZIP Code: <u>GAURA KANSAS</u>							
3 DEPTH OF COMPLETED WELL: <u>60</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>60</u> ft. and _____ in. to _____ ft.							
Well Water to be used as:							
1 <u>Domestic</u> 3 Feedlot		5 Public water supply		8 Air conditioning			
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering			
		7 Lawn and garden only		10 Observation well			
				11 Injection well			
				12 Other (Specify below)			
Well's static water level: <u>28</u> ft. below land surface measured on _____ month _____ day _____ year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield <u>12</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 <u>PVC</u>		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
				8 Concrete tile			
				9 Other (specify below)			
				Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____			
				Welded _____			
				Threaded _____			
Blank casing dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface: <u>20</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>275</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
				8 RMP (SR)			
				9 ABS			
				10 Asbestos-cement			
				11 Other (specify)			
				12 None used (open hole)			
Screen or Perforation Openings Are:							
1 Continuous slot		2 <u>8 Mill slot</u>		5 Gauzed wrapped			
2 Louvered shutter		4 Key punched		6 Wire wrapped			
				7 Torch cut			
				8 Saw cut			
				11 None (open hole)			
Screen-Perforation Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: 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 _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool		7 Sewage lagoon			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 <u>Water line</u>		6 Pit privy		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 _____ How many feet _____ ? 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 _____ day _____ year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>PETERSON IRRIGATION INC.</u> by (signature) <u>Mike Peterson</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	7	Buff Clay			
		7	17	RED CLAY			
		17	43	White Clay with Limestone			
		43	44	FINE SAND			
		44	56	Buff Clay			
		56	57	Loose White Sandstone			
		57	60	SANDSTONE AND CLAY			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>43</u> 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.