

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		<u>Ne 1/4 Ne 1/4 NW 1/4</u>	<u>29</u>	T <u>19</u> S	R <u>2</u> <u>EW</u>
Distance and direction from nearest town or city? <u>1 1/2 W Galva</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>J.L. Plenert</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>RR 4</u>		
City, State, ZIP Code: <u>Galva KS. 67443</u>		

3 DEPTH OF COMPLETED WELL: <u>92</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>92</u> ft. and _____ in. to _____ ft.	
Well Water to be used as:	
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
5 Public water supply	6 Oil field water supply
7 Lawn and garden only	8 Air conditioning
	9 Dewatering
	10 Observation well
	11 Injection well
	12 Other (Specify below)
Well's static water level: <u>40</u> ft. below land surface measured on _____ month _____ day _____ year	
Pump Test Data	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>5</u> in. to _____ ft.	Dia: <u>13-0</u> in. to _____ ft.	in. to _____ ft.	Dia: _____ in. to _____ ft.	
Casing height above land surface: _____ in.	weight: <u>Class 160</u> lbs./ft.	Wall thickness or gauge No: <u>160</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	8 RMP (SR)	11 Other (specify)	
2 Brass	4 Galvanized steel	9 ABS	12 None used (open hole)	
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)	
Screen-Perforation Dia: _____ in. to _____ ft.	Dia: _____ in. to _____ ft.	Dia: _____ in. to _____ ft.		
Screen-Perforated Intervals: 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.		

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grouted Intervals: From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
What is the nearest source of possible contamination:		10 Fuel storage	14 Abandoned water well		
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines		
Direction from well: <u>W</u> How many feet: <u>100</u>		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		If yes, date sample _____	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>		Pump Installed? Yes _____ No <input checked="" type="checkbox"/>		Volts _____	
If Yes: Pump Manufacturer's name _____		Model No. _____		HP _____	
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 _____ month _____ day _____ year	
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 _____ day _____ 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	30	Top Soil				
		30	60	Clay				
		60	90	Fine Sand				
		90	120	Sandy Clay				
		120	150	Blue Shale				

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.