

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number	
County: <u>McPherson</u>		<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>30</u>	<u>T 19 S</u>	<u>R 4 W</u>	
Distance and direction from nearest town or city? <u>1.1 mile southwest of Conway</u>			Street address of well if located within city?			
2 WATER WELL OWNER: <u>Betty O'Brien</u>						
RR#, St. Address, Box # : City, State, ZIP Code : <u>Conway, Ks. 67434</u>						
Board of Agriculture, Division of Water Resources Application Number:						
3 DEPTH OF COMPLETED WELL: <u>100</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>100</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	<u>(10) Observation well</u>			
Well's static water level _____ ft. below land surface measured on _____ month _____ day _____ year						
Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm						
Est. Yield <u>NA</u> 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 _____	
<u>(2) PVC</u>		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
			7 Fiberglass		Threaded _____	
Blank casing dia <u>4 1/2</u> in. to <u>20</u> ft., Dia <u>4 1/2</u> in. to <u>8.0</u> ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>237</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:						
<u>(1) Continuous slot</u>		3 Mill slot	5 Gauzed wrapped	<u>(8) Saw cut</u>	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>4 1/2</u> in. to <u>100</u> ft., Dia _____ in. to _____ ft.						
Screen-Perforated Intervals: From <u>20</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.						
From <u>80</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.						
Gravel Pack Intervals: From <u>10</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
5 GROUT MATERIAL: <u>(1) 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.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Cess pool	7 Sewage lagoon	<u>(10) Fuel storage</u>	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 Watertight sewer lines		
Direction from well <u>NE</u> How many feet <u>400</u> ? Water Well Disinfected? Yes <u>H.T.H.</u> No _____						
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 <u>(1)</u> 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. <u>134</u>						
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Rosenkrantz - Bemis</u> by (signature) <u>Lora Dodson</u>						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG				
		FROM	TO	LITHOLOGIC LOG		
		0	5	70	75	Shale, red & green, blocky
		5	10	75	80	Shale, brown silty
		10	15	80	85	Shale, silty to blocky
		15	20	85	100	No sample retrieved
		20	30			last core at
		30	40			shallow depth
		40	42			
		42	50			
		50	60			
60	65					
65	70					
ELEVATION: <u>1553.34</u>						
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)						