

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number		Range Number	
County: <u>McPherson</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>23</u>		T <u>19</u> S		R <u>5</u> <u>EW</u>	
Distance and direction from nearest town or city? <u>2 1/4 W 1 1/2</u>				Street address of well if located within city?				
2 WATER WELL OWNER: <u>Maple</u>				Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>Box 1334</u>				Application Number:				
City, State, ZIP Code: <u>McPherson, Ks. 67460</u>								
3 DEPTH OF COMPLETED WELL: <u>21 1/2</u> ft. Bore Hole Diameter: <u>9 1/2</u> in. to <u>21 1/2</u> ft. and . . . . . in. to . . . . . ft.								
Well Water to be used as:								
1 Domestic		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		<u>10</u> Observation well		11 Injection well		
						12 Other (Specify below)		
Well's static water level . . . . . ft. below land surface measured on . . . . . month . . . . . day . . . . . year								
Pump Test Data								
Est. Yield		<u>14</u> gpm		Well water was . . . . . ft. after . . . . . hours pumping . . . . . 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		
<u>3</u> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
				7 Fiberglass		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . . . .		
						Welded . . . . .		
						Threaded . . . . .		
Blank casing dia. <u>4 1/2</u> in. to <u>12</u> ft. Dia. . . . . in. to . . . . . ft. Dia. . . . . in. to . . . . . ft.								
Casing height above land surface. . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. <u>237 Sch 40</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		
						10 Asbestos-cement		
						11 Other (specify) . . . . .		
						12 None used (open hole)		
Screen or Perforation Openings Are:								
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		<u>8</u> Saw cut		
2 Louvered shutter		4 Key punched		6 Wire wrapped		11 None (open hole)		
				7 Torch cut		9 Drilled holes		
						10 Other (specify) . . . . .		
Screen-Perforation Dia. <u>4 1/2</u> in. to <u>21 1/2</u> 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:								
<u>1</u> Neat cement		2 Cement grout		3 Bentonite		4 Other . . . . .		
Grouted Intervals: From . . . . . ft. to . . . . . 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		<u>10</u> Fuel storage		
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		
						13 Watertight sewer lines		
						14 Abandoned water well		
						15 Oil well/Gas well		
						16 Other (specify below)		
Direction from well. . . . . S . . . . . How many feet <u>100</u> ? Water Well Disinfected? Yes . . . . . 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 <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>Rosencrantz - Bemis</u> by (signature) <u>Lora Dodson</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		
		0		1		top soil		
		1		2		reddish brown clay		
		2		4		red & green shale		
		4		4 1/2		green shale		
		4 1/2		13		red shale		
		13		16		red & green shale		
		16		21 1/2		red shale		
ELEVATION: <u>1553.93</u>								
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.								