

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number
County: <u>McPherson</u>		<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>23</u>		<u>T</u> <u>19</u> <u>S</u>	<u>R</u> <u>5</u> <u>EW</u>
Distance and direction from nearest town or city? <u>2 3/4 W, 1N of Conway</u>			Street address of well if located within city?			

2 WATER WELL OWNER: <u>Mapco</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : <u>Box 1334</u>		
City, State, ZIP Code : <u>McPherson, Ks. 67460</u>		

3 DEPTH OF COMPLETED WELL <u>25</u> ft. Bore Hole Diameter <u>9</u> in. to <u>25</u> ft., and _____ in. to _____ ft.	
Well Water to be used as:	<div style="display: flex; justify-content: space-between;"> <div> <u>5</u> Public water supply <u>1</u> Domestic <u>3</u> Feedlot <u>2</u> Irrigation <u>4</u> Industrial </div> <div> <u>6</u> Oil field water supply <u>7</u> Lawn and garden only </div> <div> <u>8</u> Air conditioning <u>9</u> Dewatering <input checked="" type="checkbox"/> <u>00</u> Observation well </div> <div> <u>11</u> Injection well <u>12</u> Other (Specify below) </div> </div>
Well's static water level <u>Dry</u> ft. below land surface measured on <u>1</u> month <u>26</u> day <u>81</u> 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:		5 Wrought iron		8 Concrete tile	Casing Joints: <u>X</u> Glued <u>X</u> Clamped
<div style="display: flex; justify-content: space-between;"> <div> <u>1</u> Steel <input checked="" type="checkbox"/> <u>00</u> PVC <u>4</u> ABS </div> <div> <u>3</u> RMP (SR) <u>7</u> Fiberglass </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) </div> <div> <u>8</u> Concrete tile <u>10</u> Asbestos-cement </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <u>11</u> Injection well <u>12</u> Other (Specify below) </div> <div> <u>9</u> Other (specify below) <u>10</u> Asbestos-cement </div> </div>	
Blank casing dia <u>4 1/2</u> in. to <u>5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>Sch. 80</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<div style="display: flex; justify-content: space-between;"> <div> <u>1</u> Steel <u>2</u> Brass </div> <div> <u>3</u> Stainless steel <u>4</u> Galvanized steel </div> <div> <u>5</u> Fiberglass <u>6</u> Concrete tile </div> <div> <u>8</u> RMP (SR) <u>9</u> ABS </div> <div> <u>11</u> Other (specify) _____ <u>12</u> None used (open hole) </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <u>5</u> Gauzed wrapped <u>6</u> Wire wrapped <u>7</u> Torch cut </div> <div> <u>8</u> Saw cut <u>9</u> Drilled holes <u>10</u> Other (specify) _____ </div> <div> <u>11</u> None (open hole) </div> </div>			
Screen or Perforation Openings Are:					
<div style="display: flex; justify-content: space-between;"> <div> <u>1</u> Continuous slot <u>2</u> Louvered shutter </div> <div> <u>3</u> Mill slot <u>4</u> Key punched </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <u>5</u> Gauzed wrapped <u>6</u> Wire wrapped <u>7</u> Torch cut </div> <div> <u>8</u> Saw cut <u>9</u> Drilled holes <u>10</u> Other (specify) _____ </div> <div> <u>11</u> None (open hole) </div> </div>			
Screen-Perforation Dia <u>4 1/2</u> in. to <u>25</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>5</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>10</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					

5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> 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:	
<div style="display: flex; justify-content: space-between;"> <div> <u>1</u> Septic tank <u>2</u> Sewer lines <u>3</u> Lateral lines </div> <div> <u>4</u> Cess pool <u>5</u> Seepage pit <u>6</u> Pit privy </div> <div> <u>7</u> Sewage lagoon <u>8</u> Feed yard <u>9</u> Livestock pens </div> <div> <u>10</u> Fuel storage <u>11</u> Fertilizer storage <u>12</u> Insecticide storage <u>13</u> Watertight sewer lines </div> <div> <u>14</u> Abandoned water well <u>15</u> Oil well/Gas well <u>16</u> Other (specify below) <u>Brine pond</u> </div> </div>	
Direction from well <u>East</u> How many feet <u>115'</u> ? Water Well Disinfected? Yes <u>HTH</u> No _____	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>	
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____	
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.	
Type of pump: <u>1</u> Submersible <u>2</u> Turbine <u>3</u> Jet <u>4</u> Centrifugal <u>5</u> Reciprocating <u>6</u> Other _____	

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on <u>1</u> month <u>26</u> day <u>81</u> 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 <u>2</u> month <u>27</u> day <u>81</u> 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	FROM	TO	LITHOLOGIC LOG	
		<u>0</u>	<u>4</u>	<u>Clay-brown</u>			
		<u>4</u>	<u>7</u>	<u>Shale, red</u>			
		<u>7</u>	<u>8</u>	<u>Shale-green</u>			
		<u>8</u>	<u>12</u>	<u>Shale, red-brown & clay</u>			
		<u>12</u>	<u>20</u>	<u>Shale-green, yellow zones</u>			
		<u>20</u>	<u>22</u>	<u>Shale-red, brown</u>			
		<u>22</u>	<u>24 1/2</u>	<u>Shale-green-yellow</u>			
	<u>24 1/2</u>	<u>25</u>	<u>Shale-red, brown</u>				
ELEVATION: _____							

Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft. <u>4</u> ft. _____ 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.