

1 LOCATION OF WATER WELL  
 County: McPherson Fraction SE SE Section Number 24 Township Number T 19 S Range Number R 5 EW

Distance and direction from nearest town or city? 3/4 N Street address of well if located within city?  
2W of Conway

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

3 DEPTH OF COMPLETED WELL: 120 ft. Bore Hole Diameter: 9 1/2 in. to 120 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level ..... ft. below land surface measured on ..... 9 month ..... 14 day ..... 80 year  
 Pump Test Data : Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield NA 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  Clamped .....  
2 PVC 4 ABS 7 Fiberglass ..... Welded .....  
 Blank casing dia 4 1/2 in. to 70 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 18 in., weight ..... lbs./ft. Wall thickness or gauge No. 23.7 Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 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. 4 1/2 in. to 120 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 70 ft. to 120 ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 10 ft. to 120 ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grouted Intervals: From 0 ft. to 10 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 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below)  
 Direction from well N How many feet 75? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes  No   
 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 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 16 day 80 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134  
 This Water Well Record was completed on 10 month 17 day 80 year under the business name of Roseneranty Bemis by (signature) Lora Dodson

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	LITHOLOGIC LOG			LITHOLOGIC LOG		
	FROM	TO		FROM	TO	
	0	6	top soil	40	42	greenish gray shale
	6	8	brown, orange clay	42	45	green shale
	8	10	tan clay, lime	45	53	green, red, shale
	10	17	tan clay, lime	53	57	red shale
	17	20	tan shale soft	57	78	blue green shale
	20	28	bottle red shale	78	93	vary colored shale
	28	32	green clay shale	93	115	vary colored shale
	32	35	red bottle shale	115	120	soft red shale
	35	36	green bottle shale			
	36	38	red soft shale			
ELEVATION: <u>38</u>	38	40	red soft shale, green clay			

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.