

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number		Range Number	
County: <u>McPherson</u>		<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>10</u>		T <u>20</u> S		R <u>1</u> <input checked="" type="checkbox"/> W	
Distance and direction from nearest town or city? <u>3 mi South + 3/4 mi East of Canton, KS.</u>				Street address of well if located within city?				
2 WATER WELL OWNER: <u>DENNIS L. UNRUH</u>				Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>R. 1 #1</u>				Application Number:				
City, State, ZIP Code: <u>CANTON, KS</u>								
3 DEPTH OF COMPLETED WELL: <u>31</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>31</u> ft., and . . . . . in. to . . . . . ft.								
Well Water to be used as:								
<input checked="" type="checkbox"/> 1 Domestic				<input type="checkbox"/> 3 Feedlot				
<input type="checkbox"/> 2 Irrigation				<input type="checkbox"/> 4 Industrial				
<input type="checkbox"/> 5 Public water supply				<input type="checkbox"/> 6 Oil field water supply				
<input type="checkbox"/> 7 Lawn and garden only				<input type="checkbox"/> 8 Air conditioning				
<input type="checkbox"/> 9 Dewatering				<input type="checkbox"/> 10 Observation well				
<input type="checkbox"/> 11 Injection well				<input type="checkbox"/> 12 Other (Specify below)				
Well's static water level: <u>9</u> ft. below land surface measured on . . . . . month <u>16</u> day <u>80</u> year								
Pump Test Data: Well water was <u>15</u> ft. after <u>2</u> hours pumping. <u>10</u> gpm								
Est. Yield <u>20</u> gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm								
4 TYPE OF BLANK CASING USED:				Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . . . .				
<input checked="" type="checkbox"/> 1 Steel				<input type="checkbox"/> 3 RMP (SR)				
<input type="checkbox"/> 2 PVC				<input type="checkbox"/> 4 ABS				
<input type="checkbox"/> 5 Wrought iron				<input type="checkbox"/> 6 Asbestos-Cement				
<input type="checkbox"/> 7 Fiberglass				<input type="checkbox"/> 8 Concrete tile				
<input type="checkbox"/> 9 Other (specify below)				<input type="checkbox"/> 10 Asbestos-cement				
Blank casing dia. <u>4</u> in. to <u>21</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.								
Casing height above land surface: <u>12</u> in., weight <u>2.1</u> lbs./ft. Wall thickness or gauge No. <u>1235</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:				<input checked="" type="checkbox"/> 10 Asbestos-cement				
<input type="checkbox"/> 1 Steel				<input type="checkbox"/> 3 Stainless steel				
<input type="checkbox"/> 2 Brass				<input type="checkbox"/> 4 Galvanized steel				
<input type="checkbox"/> 5 Fiberglass				<input type="checkbox"/> 6 Concrete tile				
<input type="checkbox"/> 7 Torch cut				<input type="checkbox"/> 8 RMP (SR)				
<input type="checkbox"/> 9 ABS				<input type="checkbox"/> 11 Other (specify)				
<input type="checkbox"/> 12 None used (open hole)				<input type="checkbox"/> 11 None (open hole)				
Screen or Perforation Openings Are:				<input type="checkbox"/> 5 Gauzed wrapped				
<input type="checkbox"/> 1 Continuous slot				<input type="checkbox"/> 6 Wire wrapped				
<input type="checkbox"/> 2 Louvered shutter				<input type="checkbox"/> 7 Torch cut				
<input checked="" type="checkbox"/> 3 Mill slot				<input type="checkbox"/> 8 Saw cut				
<input type="checkbox"/> 4 Key punched				<input type="checkbox"/> 9 Drilled holes				
<input type="checkbox"/> 10 Other (specify)				<input type="checkbox"/> 11 None (open hole)				
Screen-Perforation Dia. <u>4</u> in. to <u>31</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.								
Screen-Perforated Intervals: From <u>21</u> ft. to <u>31</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
Gravel Pack Intervals: From <u>15</u> ft. to <u>31</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement				<input type="checkbox"/> 2 Cement grout				
<input type="checkbox"/> 3 Bentonite				<input type="checkbox"/> 4 Other				
Grouted Intervals: From <u>5</u> ft. to <u>15</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
What is the nearest source of possible contamination:				<input type="checkbox"/> 10 Fuel storage				
<input type="checkbox"/> 1 Septic tank				<input type="checkbox"/> 11 Fertilizer storage				
<input type="checkbox"/> 2 Sewer lines				<input type="checkbox"/> 12 Insecticide storage				
<input type="checkbox"/> 3 Lateral lines				<input type="checkbox"/> 13 Watertight sewer lines				
<input type="checkbox"/> 4 Cess pool				<input type="checkbox"/> 14 Abandoned water well				
<input type="checkbox"/> 5 Seepage pit				<input type="checkbox"/> 15 Oil well/Gas well				
<input type="checkbox"/> 6 Pit privy				<input type="checkbox"/> 16 Other (specify below)				
<input checked="" type="checkbox"/> 7 Sewage lagoon								
<input checked="" type="checkbox"/> 8 Feed yard								
<input checked="" type="checkbox"/> 9 Livestock pens								
Direction from well: <u>SW</u> How many feet: <u>100</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes <input type="checkbox"/> 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: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other								
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on . . . . . month <u>16</u> day <u>80</u> year <u>1980</u>								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u>								
This Water Well Record was completed on . . . . . month <u>26</u> day <u>80</u> year <u>1980</u> under the business name of <u>PETERSON IRR. INC.</u> by (signature) <u>Mike Peterson</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	3	Top Soil				
		3	7	SANDY BROWN CLAY				
		7	13	FINE SAND & CLAY				
		13	21	FINE SAND				
		21	27	FINE TO MEDIUM SAND				
		27	31	BROWN CLAY				
ELEVATION:								
Depth(s) Groundwater Encountered 1. <u>9</u> 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.								

OFFICE USE ONLY

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SEC.

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