

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: McPherson		SW 1/4 NW 1/4 SE 1/4	34	T 20 S	R 1 E		
Distance and direction from nearest town or city? 7 1/2 miles N & 1/2 East of Hesperia			Street address of well if located within city?				
2 WATER WELL OWNER: Jimmy Schroeder RR#, St. Address, Box #: RR #1 City, State, ZIP Code: CANTON, KS -TEST HOLES Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: X See below ft. Bore Hole Diameter: in. to 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	10 Observation well				
Well's static water level: X See below ft. below land surface measured on month day year							
Pump Test Data: Well water was ft. after hours pumping gpm							
Est. Yield 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	6 Asbestos-Cement	9 Other (specify below)	Welded		
			7 Fiberglass		Threaded		
Blank casing dia in. to ft., Dia in. to ft., Dia in. to ft.							
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.							
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:							
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 in. to 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:							
1 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	10 Fuel storage	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 How many feet ? 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 X 5 month 1 day 81 year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.							
This Water Well Record was completed on 8 month 23 day 81 year under the business name of PAUL'S INC by (signature) Paul Bunkhert							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		#1			#2	#3	both Alike
		0	5	SANDY LOAM	0	5	SANDY LOAM to CLAY
		5	10	FINE BR SAND & CLAY	5	10	grey br clay
		10	15	Brown clay	10	15	med fine grey SAND
		15	38	SAND - MED fine to MED co.	15	20	med fine SAND br clay
	38	red/grey shale	20	38	med to coarse SAND		
		Static level? 3 for each	38	40	red to grey shale		
Danner: holes were NOT cased or pumped.							
ELEVATION:							
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.							

OFFICE USE ONLY

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