

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: McPherson		NW 1/4 SW 1/4 SE 1/4	34	T 20 S	R 1 E (NW)
Distance and direction from nearest town or city?			Street address of well if located within city?		
2 WATER WELL OWNER: Jimmy Schroeder					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code			Application Number:		
3 DEPTH OF COMPLETED WELL 60 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	
2 Irrigation		4 Industrial		6 Oil field water supply	
		7 Lawn and garden only		8 Air conditioning	
				9 Dewatering	
				11 Injection well	
				12 Other (Specify below)	
Well's static water level <input checked="" type="checkbox"/> 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	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
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	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				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	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
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	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
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 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 . . . month . . . day . . . year under the business name of PAUL'S INC by (signature) Paul Bunt					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO		LITHOLOGIC LOG	
		#4 5		SANDY LOAM	
		5 10		Dark br clay to -	
		10 15		SANDY br clay to -	
		15 20		dark grey clay	
		20 40		brown med Sand	
		40 54		brown coarse SAND	
		54 60		red to grey shale	
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.