

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>12</u>	<u>T 20 S</u>	<u>R 4 W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Corner of Highways 56 and 153 3 1/4 Miles South and 1 Mile west</u>					
2 WATER WELL OWNER: <u>Carl W Swanson</u>					
RR#, St. Address, Box # : <u>RR # 1</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>McPherson, Kansas 67460</u>				Application Number: _____	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>Approx. 90</u> ft. ELEVATION: _____			
N 1 Mile W E S X		Depth(s) Groundwater Encountered <u>1. Unknown</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>Unknown</u> ft. below land surface measured on mo/day/yr _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well			
<u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
<u>2 Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u> _____					
5 TYPE OF BLANK CASING USED:					
<u>1 Steel</u> 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 diameter _____ 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)		7 PVC 10 Asbestos-cement		11 Other (specify) <u>NA</u>	
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 6 Wire wrapped		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched 7 Torch cut		9 Drilled holes		10 Other (specify) <u>NA</u>	
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., 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., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 Other _____					
Grout Intervals: From <u>75</u> ft. to <u>16</u> ft., From <u>16</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy		10 Livestock pens 14 <u>Abandoned water well</u>		15 Oil well/Gas well	
2 Sewer lines 5 Cess pool 8 Sewage lagoon		12 Fertilizer storage 16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		13 Insecticide storage			
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
90'	75'	Sand			
75'	16'	Bentonite			
16'	6'	Cement Grout			
6'	0	Pit			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged under my jurisdiction and was completed on</u> (mo/day/year) <u>9-22-94</u> 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 (mo/day/yr) <u>9-27-94</u> under the business name of <u>Board Of Public Utilities</u> by (signature) <u>Frank D. Hallgren</u>					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					