

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <b>Pawnee</b>		SW 1/4 SW 1/4 SW 1/4		<b>25</b>		<b>T 21 S</b>		<b>R 19W E/W</b>					
Distance and direction from nearest town or city? <b>2e Rozel, Ks.</b>					Street address of well if located within city?								
2 WATER WELL OWNER: <b>Bert Wetta</b>					Board of Agriculture, Division of Water Resources								
RR#, St. Address, Box # : <b>R1</b>					Application Number: <b>none</b>								
City, State, ZIP Code : <b>Rozel, Ks. 67574</b>													
3 DEPTH OF COMPLETED WELL: <b>235</b> ft. Bore Hole Diameter: <b>8</b> in. to <b>235</b> ft., and _____ in. to _____ ft.													
Well Water to be used as:					5 Public water supply      8 Air conditioning      11 Injection well 1 Domestic      3 Feedlot      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      10 Observation well								
Well's static water level: <b>38</b> ft. below land surface measured on _____ month <b>4</b> day <b>78</b> year													
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm													
Est. Yield <b>60</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm													
4 TYPE OF BLANK CASING USED:					Casing Joints: <u>Glued</u> _____ Clamped _____								
1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below) <u>Welded</u> _____													
2 PVC      4 ABS      7 Fiberglass      _____ <u>Threaded</u> _____													
Blank casing dia: <b>5</b> in. to <b>195</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface: <b>12</b> in., weight <b>2.8</b> lbs./ft. Wall thickness or gauge No. <b>Sch 40</b>													
TYPE OF SCREEN OR PERFORATION MATERIAL:					7 PVC      10 Asbestos-cement								
1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) _____													
2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      12 None used (open hole)													
Screen or Perforation Openings Are:					5 Gauzed wrapped      8 Saw cut      11 None (open hole)								
1 Continuous slot      3 Mill slot      6 Wire wrapped      9 Drilled holes													
2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) _____													
Screen-Perforation Dia: <b>5</b> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <b>195</b> ft. to <b>235</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <b>14</b> ft. to <b>235</b> 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 <b>4</b> ft. to <b>14</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
What is the nearest source of possible contamination:					10 Fuel storage      14 Abandoned water well								
1 Septic tank      4 Cess pool      7 Sewage lagoon      11 Fertilizer storage      15 Oil well/Gas well													
2 Sewer lines      5 Seepage pit      8 Feed yard      12 Insecticide storage      16 Other (specify below) _____													
3 Lateral lines      6 Pit privy      9 Livestock pens      13 Watertight sewer lines													
Direction from well: <b>S</b> How many feet <b>110</b> ? Water Well Disinfected? <u>Yes</u> _____ No _____													
Was a chemical/bacteriological sample submitted to Department? <u>No</u> _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? <u>Yes</u> _____ 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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <b>4</b> day <b>78</b> year													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>186</b>													
This Water Well Record was completed on _____ month <b>12</b> day <b>27</b> year <b>79</b>													
name of <b>Kellys Waterwell Serv.</b> by (signature) <i>Kelly Price</i>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		30		Top Soil-Clay							
		30		60		Sand-Clay							
		60		100		Clay							
		100		175		Shale							
		175		235		Sand Rock							
ELEVATION: <b>2064</b>													
Depth(s) Groundwater Encountered 1. <b>38</b> 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.													

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