

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>McPherson</i>	<i>SW 1/4 SE 1/4 NW 1/4</i>	<i>19</i>	T <i>21</i> S	R <i>4</i> <i>EW</i>

2 mi. SW of Inman		
2 WATER WELL OWNER:	Duane Schrag	
RR#, St. Address, Box # :	Rt 2	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Inman, KS 67546	Application Number:

Depth(s) Groundwater Encountered _____ ft. 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL ... 28 ... ft. below land surface measured on mo/day/yr ... 7-25-90

Pump test data: Well water was ... 120 ... ft. after ... 3 ... hours pumping ... 10 ... gpm

Est. Yield ... 10 ... gpm: Well water was ... _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter ... 9 ... in. to ... 46 ... ft., and ... 5 1/2 ... in. to ... 125 ... ft.

WELL WATER TO BE USED AS:

<u>1</u> Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
<u>2</u> Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Lawn and garden only	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X _____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>
<input checked="" type="radio"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/>
		7 Fiberglass		Threaded <input type="checkbox"/>

Blank casing diameter 6 in. to 46 ft., Dia 46 in. to ft., Dia in. to ft.

Casing height above land surface 12 in., weight 325 lbs./ft. Wall thickness or gauge No. 160

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) <u> </u>
			9 ABS	<input checked="" type="radio"/> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	<input checked="" type="radio"/> None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) <u> </u>	

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.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 3 ft. to 23 ft. From 40 ft. to 46 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 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
Direction from well? NE How many feet? 150

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-25-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 447 This Water Well Record was completed on (mo/day/yr) 11-4-90 under the business name of Miller Drilling by (signature) E. Miller

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.