

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Pawnee</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>15</u>	<u>T 22 S</u>	<u>R 15 E</u>
Distance and direction from nearest town or city? <u>2.5 7 1/2 E</u> <u>SW into field from Larned</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>A. J. Crone</u>					
RR#, St. Address, Box #: <u>Rt 2</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Larned, Ks. 67550</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>40</u> ft. Bore Hole Diameter: <u>1.1</u> in. to <u>40</u> ft., and <u> </u> in. to <u> </u> ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 8 Air conditioning	
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 11 Injection well	
<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering	
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 10 Observation well		<input type="checkbox"/> 12 Other (Specify below)	
Well's static water level: <u>20</u> ft. below land surface measured on <u>8</u> month <u>23</u> day <u>80</u> year					
Pump Test Data: Well water was <u> </u> ft. after <u> </u> hours pumping <u> </u> gpm					
Est. Yield: <u>NA</u> gpm: Well water was <u> </u> ft. after <u> </u> hours pumping <u> </u> gpm					
4 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 8 Concrete tile	
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 9 Other (specify below)	
<input type="checkbox"/> 5 Wrought iron		<input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> Casing Joints: Glued <input checked="" type="checkbox"/> Clamped	
<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> Welded	
<input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> Threaded	
Blank casing dia: <u>5</u> in. to <u>20</u> ft., Dia: <u> </u> in. to <u> </u> ft., Dia: <u> </u> in. to <u> </u> ft.					
Casing height above land surface: <u>1.8</u> in., weight <u> </u> lbs./ft. Wall thickness or gauge No: <u>258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input checked="" type="checkbox"/> 7 PVC	
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 8 RMP (SR)	
<input type="checkbox"/> 5 Fiberglass		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 9 ABS	
<input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> 11 Other (specify)		<input type="checkbox"/> 12 None used (open hole)	
Screen or Perforation Openings Are:					
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input checked="" type="checkbox"/> 5 Gauzed wrapped	
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped	
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)		<input type="checkbox"/> 12 None used (open hole)	
Screen-Perforation Dia: <u>5</u> in. to <u>40</u> ft., Dia: <u> </u> in. to <u> </u> ft., Dia: <u> </u> in. to <u> </u> ft.					
Screen-Perforated Intervals: From <u>20</u> ft. to <u>40</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
Gravel Pack Intervals: From <u>10</u> ft. to <u>40</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
5 GROUT MATERIAL:					
<input checked="" type="checkbox"/> 1 Neat cement		<input type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite	
<input type="checkbox"/> 4 Other		<input type="checkbox"/> 5 Gauzed wrapped		<input type="checkbox"/> 6 Wire wrapped	
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> 11 Other (specify)		<input type="checkbox"/> 12 None used (open hole)	
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon	
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard	
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens	
<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 11 Fertilizer storage		<input type="checkbox"/> 12 Insecticide storage	
<input type="checkbox"/> 13 Watertight sewer lines		<input type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 15 Oil well/Gas well	
<input type="checkbox"/> 16 Other (specify below)		<input type="checkbox"/> 17 Tank battery		<input type="checkbox"/> 18 Other (specify below)	
Direction from well: <u>N</u> How many feet: <u>1/2 mile</u> ? Water Well Disinfected? Yes <u>HTH</u> No <u> </u>					
Was a chemical/bacteriological sample submitted to Department? Yes <u> </u> No <u> </u> If yes, date sample was submitted: <u>8</u> month <u>23</u> day <u>80</u> year					
Pump Installed? Yes <u> </u> No <u> </u>					
If Yes: Pump Manufacturer's name: <u> </u> Model No.: <u> </u> HP: <u> </u> Volts: <u> </u>					
Depth of Pump Intake: <u> </u> ft. Pumps Capacity rated at: <u> </u> gal./min.					
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on <u>8</u> month <u>23</u> day <u>80</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u>					
This Water Well Record was completed on <u>9</u> month <u>8</u> day <u>80</u> year under the business name of <u>Rosenkrantz Bemis</u> by (signature) <u>Lora Dodson</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		LITHOLOGIC LOG		LITHOLOGIC LOG	
		0 1 top soil			
		1 5 grey clay			
		5 9 brown clay			
		9 14 sand & gravel w/ clay mixed			
		14 33 sand & gravel			
		33 34 brown & yellow clay			
		34 42 sand & gravel			
		42 46 tan clay			
		ELEVATION:		FROM	
Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. <u> </u> ft. 3. <u> </u> ft. 4. <u> </u> 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.