

(COPY HP)

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <b>HARVEY</b>		<b>SW</b> 1/4 <b>NE</b> 1/4 <b>NW</b> 1/4	<b>18</b>	T <b>22</b> S	R <b>2</b> <b>EW</b>
Distance and direction from nearest town or city? <b>7 1/2 West of HESSTON</b>			Street address of well if located within city?		

  

WATER WELL OWNER: <b>SUNFORD NIKEL</b>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>R.R. #1</b>		Application Number:
City, State, ZIP Code: <b>MOUNDVILL, KS 67107</b>		

  

DEPTH OF COMPLETED WELL: <b>55</b> ft. Bore Hole Diameter: <b>11</b> in. to <b>30</b> ft. and <b>13</b> in. to <b>81</b> ft.	
Well Water to be used as:	<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input checked="" type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well <b>Hy. pump disposal</b>
Well's static water level: <b>37</b> ft. below land surface measured on <b>4</b> month <b>13</b> day <b>81</b> year	
Pump Test Data: Well water was <b>40</b> ft. after <b>1 1/2</b> hours pumping. <b>18</b> gpm	
Est. Yield: <b>18/25</b> gpm: Well water was <b>40</b> ft. after <b>1 1/2</b> hours pumping. <b>18</b> gpm	

  

TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		Threaded
Blank casing dia: <b>5</b> in. to <b>45</b> ft. Dia				
Casing height above land surface: <b>18</b> in., weight <b>2.37</b> lbs./ft. Wall thickness or gauge No. <b>1214</b>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement	
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)
Screen or Perforation Openings Are:		<input type="checkbox"/> 5 Gauzed wrapped <b>1020</b>	<input checked="" type="checkbox"/> 8 Saw cut <b>Factory</b>	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	
Screen-Perforation Dia: <b>5</b> in. to <b>35</b> ft. Dia				
Screen-Perforated Intervals:	From <b>45</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.
Gravel Pack Intervals:	From <b>10</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.	From <b>55</b> ft. to <b>55</b> ft.

  

GROUT MATERIAL:		<input type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Cess pool	<input type="checkbox"/> 7 Sewage lagoon	<input type="checkbox"/> 10 Fuel storage	<input type="checkbox"/> 14 Abandoned water well	
<input checked="" type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Seepage pit	<input type="checkbox"/> 8 Feed yard	<input type="checkbox"/> 11 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well	
<input type="checkbox"/> 3 Lateral lines	<input type="checkbox"/> 6 Pit privy	<input type="checkbox"/> 9 Livestock pens	<input type="checkbox"/> 12 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)	
Direction from well: <b>NW</b>		How many feet: <b>60</b>	Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, date sample	
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes, date sample	
If Yes: Pump Manufacturer's name		Model No.	HP	Volts	
Depth of Pump Intake		Pumps Capacity rated at		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		

  

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 <b>4</b> month <b>13</b> day <b>81</b> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>175</b>					
This Water Well Record was completed on <b>7</b> month <b>6</b> day <b>81</b> year under the business name of <b>PAUL'S INC</b> by (signature) <b>Paul Burkhardt</b>					

  

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	LOAM			
	5	10	RED BROWN CLAY			
	10	15	RED CLAY			
	15	20	" BROWN CLAY			
	20	35	BROWN CLAY - STREAKED W/ GREY			
	35	40	MED FINE SAND			
	40	45				
	45	55				

  

ELEVATION:				(Use a second sheet if needed)	
Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft.					

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.

OFFICE USE ONLY

T

2

R

2

EW

SEC.

18

SW 1/4

NE 1/4

NW 1/4

SE 1/4