

1 LOCATION OF WATER WELL County: Hamilton	Fraction NW ¼ NW ¼ SW ¼	Section Number 4	Township Number T 22 S	Range Number R 42 E/W
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Distance and direction from nearest town or city? **9 mi. NW., 9N., 1W. & 1/4 N. of Syracuse, Ks.** Street address of well if located within city?

2 WATER WELL OWNER: **Pat Barrett**
 RR#, St. Address, Box # : **N. Rt. 20A**
 City, State, ZIP Code : **Syracuse, Ks. 67878**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL **850** ft. Bore Hole Diameter **8** in. to **120** ft. and **6 1/2** in. to **890** ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level **550** ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data : Well water was **600** ft. after **2** hours pumping **15** gpm
 Est. Yield **15** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 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 dia **6** in. to **120** ft. Dia **5** in. to **800** ft. Dia _____ in. to _____ ft.
 Casing height above land surface **24** in. weight **15** lbs./ft. Wall thickness or gauge No **219**
 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) _____
 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia **5** in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **780** ft. to **800** ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **None** ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From _____ ft. to **10** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines **None**
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample submitted _____ month _____ day _____ year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name **Reda** Model No. **SLA18E** HP **5** Volts **220**
 Depth of Pump Intake **693** ft. Pumps Capacity rated at **15** 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) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **4 April** month **April** **4** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **123D**
 This Water Well Record was completed on **June** month **15** day **1981** year under the business name of _____ by (signature) *Wm Smith*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	25	Top soil & clay			
	25	114	Sand & clay			
	114	117	Clay			
	117	230	Shale			
	230	280	Lime			
	280	675	Shale (blue)			
	675	800	Sand stone & shale (streaked)			
	800	810	Sand stone			
	810	850	Shale, lime, & sand stone			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **800** 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.