

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Pawnee</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>16</u>	T <u>23</u> S	R <u>16</u> EW
Distance and direction from nearest town or city? <u>200K KS</u>			Street address of well if located within city? <u>No street names given</u>		
2 WATER WELL OWNER: <u>Matt Scharty</u>					
RR#, St. Address, Box # : <u>Rt. 2</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Harmed, KS. 67550</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>60</u> ft. Bore Hole Diameter: <u>11</u> in. to <u>60</u> ft. and _____ in. to _____ ft.					
Well Water to be used as:					
1 Domestic		3 Feedlot		5 Public water supply	
2 Irrigation		4 Industrial		6 Oil field water supply	
		7 Lawn and garden only		8 Air conditioning	
				9 Dewatering	
				11 Injection well	
				12 Other (Specify below)	
Well's static water level: <u>20</u> ft. below land surface measured on _____ month <u>5</u> day <u>81</u> year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
Blank casing dia: <u>5</u> in. to <u>35</u> ft. Dia: <u>5</u> in. to <u>45</u> ft. Dia: _____ in. to _____ ft.					
Casing height above land surface: <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
Screen-Perforation Dia: <u>5</u> in. to <u>40</u> ft. Dia: <u>5</u> in. to <u>60</u> ft. Dia: _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>35</u> ft. to <u>40</u> ft. From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>45</u> ft. to <u>60</u> ft. From _____ ft. to _____ ft.					
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well: <u>NE</u> How many feet: <u>120</u> ? Water Well Disinfected? Yes <u>H.T.H.</u> No					
Was a chemical/bacteriological sample submitted to Department? Yes <u>✓</u> No					
If Yes: Pump Manufacturer's name: <u>Red Jacket</u> Model No. <u>6cc</u> HP <u>3/4</u> Volts <u>230</u>					
Depth of Pump Intake: <u>42</u> ft. Pumps Capacity rated at <u>18</u> 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 _____ month _____ day _____ 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 _____ month _____ day _____ year under the business name of <u>Rosencrantz - 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 3 Top soil			
		3 20 Brown clay			
		20 26 Fine sand			
		26 41 Sand			
		41 44 Rock			
		44 60 Sand rock			
		60 Shale			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>20</u> 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.					