

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Edwards	SE 1/4 SW 1/4 SW 1/4	14	T 23 S	R 19 EW	

Distance and direction from nearest town or city? **8N 1 1/2 E of Kinsley**

Street address of well if located within city?

2 WATER WELL OWNER: **Dean Carlson**

RR#, St. Address, Box # : _____

City, State, ZIP Code : **Kinsley, Ks. 67547**

Board of Agriculture, Division of Water Resources
Application Number: _____

3 DEPTH OF COMPLETED WELL: **220** ft. Bore Hole Diameter: **11** in. to **220** ft., and _____ in. to _____ ft.

Well Water to be used as:

<input type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
			<input type="checkbox"/> 10 Observation well	

Well's static water level **110** ft. below land surface measured on **11** month **19** day **80** year

Pump Test Data : Well water was _____ ft. after _____ hours pumping. _____ gpm

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

4 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	Casing Joints: <input type="checkbox"/> Glued <input type="checkbox"/> X <input type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
			<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> Threaded

Blank casing dia **5** in. to **158** ft., Dia **5** in. to **188** ft., Dia **5** in. to **220** ft.

Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **258**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<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"/> 10 Asbestos-cement
<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"/> 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 type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 10 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
			<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)

Screen-Perforation Dia **5** in. to **168** ft., Dia **5** in. to **200** ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **158** ft. to **168** ft., From _____ ft. to _____ ft.

From **188** ft. to **200** ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **10** ft. to **305** ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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 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)
			<input type="checkbox"/> 13 Watertight sewer lines	

Direction from well **East** How many feet **75** ? Water Well Disinfected? Yes **HTH** No

Was a chemical/bacteriological sample submitted to Department? Yes **X** No _____ If yes, date sample was submitted **11** month **19** day **80** year: Pump Installed? Yes _____ No **X**

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 **11** month **26** day **80** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **134**

This Water Well Record was completed on **12** month **29** day **80** year under the business name of **Rosencrantz-Bemis** by (signature) **Gloria Dodson**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top soil	145	158
	2	11	Brown clay	158	168	Sand rock w/ shale
	11	31	Brown and white clay	168	196	Blue shale
	31	39	Brown and gray clay	196	199	Sand rock
	39	43	Yellow, brown, white clay			
	43	47	Yellow, blue clay, rock			199 to 305
	47	82	Yellow, blue & fire clay			Shale & fire clay
	82	91	Fire clay, shale, rock			
	91	116	Shale			
	116	135	Fire clay and shale			
ELEVATION:	135	145	Fire clay, shale w/ little sand rock			

Depth(s) Groundwater Encountered **1. 110** 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.

OFFICE USE ONLY
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