

LOCATION OF WATER WELL		Fraction	ce	e	nw	Section Number	Township Number	Range Number
County: Stafford		$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{2}$	$\frac{1}{4}$	24	T 24 S	R 13W E/W
Distance and direction from nearest town or city? 3s 2$\frac{1}{2}$e St. John, Ks.						Street address of well if located within city?		
WATER WELL OWNER: Woodman-Iannitti Drlg Co RR#, St. Address, Box #: 1008 Douglas Bldg City, State, ZIP Code: Wichita, Ks. 67202						Board of Agriculture, Division of Water Resources Application Number: unknown		
DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 5$\frac{1}{2}$ in. to 65 ft., and _____ in. to _____ 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: 17 ft. below land surface measured on _____ month 23 day 79 year								
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm								
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 2 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: 12 in., weight .69 lbs./ft. Wall thickness or gauge No sch 40								
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 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 2 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Screen-Perforated Intervals: From 45 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
Gravel Pack Intervals: From 10 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.								
GROUT MATERIAL: 1 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: 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____								
Direction from well: X SE How many feet 70 ? Water Well Disinfected? Yes _____ No _____								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No _____								
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 _____								
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 23 day 79 year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186								
This Water Well Record was completed on _____ month 7 day 80 year under the business name of Kellys Waterwell Serv. by (signature) <i>Kelly Price</i>								
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG				
		FROM	TO					
		0	35	Top Soil-Clay				
		35	65	Sand-Gravel				
ELEVATION: unknown								
Depth(s) Groundwater Encountered 1... 35 ... 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.