

**1 LOCATION OF WATER WELL**  
 County: Adair Fraction: E 1/4 SE 1/4 SE 1/4 Section Number: 7 Township Number: T 25 S Range Number: R 16 EW  
 Distance and direction from nearest town or city? South Belle West side Street address of well if located within city?

**2 WATER WELL OWNER:** D.R. Faust & Co.  
 RR#, St. Address, Box #: 301 South Broadway Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Wesleytown Kansas 67202 Application Number:

**3 DEPTH OF COMPLETED WELL:** 60 ft. Bore Hole Diameter: 9 in. to 60 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: 19 ft. below land surface measured on 11 month 2 day 1979 year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield 70 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: 5 in. to 40 ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight 287.3 lbs./ft. Wall thickness or gauge No. 1265  
 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: 1/8"  
 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 60 ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From 40 ft. to 60 ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: gravel From 20 ft. to 60 ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.

**5 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 None 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  
 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 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

**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 2 day 1979 year  
 and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. 143  
 This Water Well Record was completed on 6 day 1979 year under the business name of Wesley Well Service (signature) Charles Faust

**7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	Clay, fine sand & gravel			
15	30				
30	60				

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