

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Gray	SE 1/4 S E1/4 SE 1/4	36	T 25 S	R 29 E/W

Distance and direction from nearest town or city? \_\_\_\_\_ Street address of well if located within city? Irsik Addition Lot #4

2 WATER WELL OWNER: Dan Beery  
 RR#, St. Address, Box # : \_\_\_\_\_  
 City, State, ZIP Code : Ingalls, Kansas 67853  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

3 DEPTH OF COMPLETED WELL: 255 ft. Bore Hole Diameter: 8 in. to \_\_\_\_\_ 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: 83 ft. below land surface measured on April month 2 day 1981 year  
 Pump Test Data : Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 50 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 ~~XXX~~ Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing dia: 5 in. to 255 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight 200 psi lbs./ft. Wall thickness or gauge No. SDR 21  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) \_\_\_\_\_  
 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: 1/8 in. to 20 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 230 ft. to 250 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 10 ft. to 255 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: none 10 Fuel storage 14 Abandoned water well  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) \_\_\_\_\_  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines \_\_\_\_\_  
 Direction from well: \_\_\_\_\_ How many feet: \_\_\_\_\_ ? Water Well Disinfected? Yes ~~XXXX~~ No  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ~~XXXX~~ If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes ~~XXXX~~ No  
 If Yes: Pump Manufacturer's name: Flint & Welling Model No. 10BK9 HP 1 Volts 230  
 Depth of Pump Intake: 140 ft. Pumps Capacity rated at 19 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 April 13 day 1980  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 179  
 This Water Well Record was completed on April 20 day 1981 year under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) Judith Cuck - Sec.

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO
	0	15	0	15	225	240
	15	30	15	30	240	255
	30	45	30	45	255	270
	45	60	45	60		
	60	105	60	105		
	105	120	105	120		
	120	150	120	150		
	150	165	150	165		
	165	180	165	180		
	180	195	180	195		
ELEVATION:	195	225	195	225		

Depth(e) 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 two 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.