

1 LOCATION OF WATER WELL	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 26	Township Number T 26 S	Range Number R 16 EW
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County: Edwards

Distance and direction from nearest town or city? 1 3/4 E, 4 1/2 S, of Trousdale

Street address of well if located within city?

2 WATER WELL OWNER: Frank Lamb

RR#, St. Address, Box # : _____

City, State, ZIP Code : Trousdale, Ks. 67145

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

3 DEPTH OF COMPLETED WELL: 60 ft. Bore Hole Diameter: 11 in. to 60 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: 20 ft. below land surface measured on _____ month _____ day _____ 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 checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> X 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"/> Threaded

Blank casing dia: 5 in. to 50 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 18 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"/> 8 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 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 50 ft. to 60 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 60 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite 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: West How many feet: 75 ? Water Well Disinfected? Yes ETH No

Was a chemical/bacteriological sample submitted to Department? Yes X No _____ If yes, date sample was submitted: 10 month 6 day 80 year

Pump Installed? Yes X No _____

If Yes: Pump Manufacturer's name: Red Jacket Model No.: 6CC HP: 3/4 Volts: 230

Depth of Pump Intake: 42 ft. Pumps Capacity rated at: 18 gal./min.

Type of pump: Submersible Turbine Jet Centrifugal Reciprocating Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on 10 month 17 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 10 month 29 day 80 year under the business name of Rosencrantz-Bemis by (signature) Lara Dodson

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top sandy soil		
2		4	Brown clay and fine sand			
4		18	Brown clay-sandy			
18		29	Gray, brown, and sandy clay - yellow			
29		32	Brown clay and sand and gravel mixed			
32		64	Sand and gravel			
64		65	Clay			

ELEVATION: _____

Depth(s) Groundwater Encountered: 1. 20 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

T 26

R 16

SEC 26

SW 1/4 SW 1/4 SW 1/4