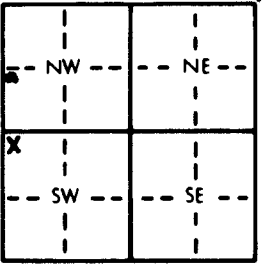


1 LOCATION OF WATER WELL: Fraction <u>NW 1/4 NW 1/4 SW 1/4</u> Section Number <u>27</u> Township Number <u>T 26 S</u> Range Number <u>R 18 E/W</u>	
County: <u>Edwards</u> Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 E 105 S. Rinsley Kansas</u>	
2 WATER WELL OWNER: <u>Keith Chadd</u> Board of Agriculture, Division of Water Resources RR#, St. Address, Box # : <u>Mullinville Kansas</u> Application Number: _____ City, State, ZIP Code : _____	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>	4 DEPTH OF COMPLETED WELL: <u>72</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>29</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>29</u> ft. below land surface measured on mo/day/yr <u>2-1-77</u> Pump test data: Well water was <u>29</u> ft. after <u>1</u> hours pumping <u>7</u> gpm Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8 3/4</u> in. to <u>72</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <u>PASTURE</u> <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>5</u> in. to <u>52</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>150</u> lbs./ft. Wall thickness or gauge No. <u>200</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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-PERFORATED INTERVALS: From <u>52</u> ft. to <u>72</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>37</u> ft. to <u>72</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>PASSING CATTLE</u> 13 Insecticide storage Direction from well? _____ How many feet? _____	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-1-77</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>224</u> This Water Well Record was completed on (mo/day/yr) <u>11-2-81</u> under the business name of <u>Carl Haysse Water Well Serv</u> by (signature) <u>Carl Haysse</u>	
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.	