

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Ford	SW 1/4 SW 1/4 SW 1/4	27	T 26 S	R 22 E/W

Distance and direction from nearest town or city? from Spearville, Ks. 4 mi. South, 2 mi. East and 2 mi. South Street address of well if located within city?

2 WATER WELL OWNER: Ed Spencer
 RR#, St. Address, Box #: Spearville, Kansas 67876
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 95.85 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 stock well
 Well's static water level: 41 ft. below land surface measured on Oct. month 29 day 1980 year
 Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 20 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 95 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 265 lbs. Wall thickness or gauge No. SDR 21
 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 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 70 ft. to 90 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 18 ft. to 95 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 5 ft. to 18 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: none
 1 Septic tank 4 Cess pool 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 XXX 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: Aermotor (used) Model No. SD1275 HP 3/4 Volts 230
 Depth of Pump Intake: 85 ft. Pumps Capacity rated at 12 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 Oct. month 30 day 1980 year
 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 month 21 day 1981 year under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) Judith Cuck

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	15	Top soil & clay		
	15	30	Clay & brown clay			
	30	45	Brown clay & sand mixed			
	45	60	White rock, clay & sand mixed			
	60	75	Brown clay & sand mixed			
	75	90	White rock & medium to coarse sand			
	90	105	Clay & sand mixed & shale			

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.