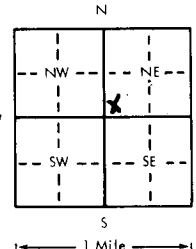


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Hamilton</u>		<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>20</u>	<u>T 26 S</u>	<u>R 41 E/W</u>		
Distance and direction from nearest town or city? <u>13 mi. S. 4 W. Syracuse, Mo.</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Fed. Farmer's Home Administration</u>			Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : City, State, ZIP Code : <u>Syracuse, Kansas 67878</u>			Application Number:				
3 DEPTH OF COMPLETED WELL <u>160</u> ft. Bore Hole Diameter <u>9 3/4</u> in. to <u>160</u> ft. and in. to ft.							
Well Water to be used as: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)							
Well's static water level <u>55</u> ft. below land surface measured on <u>11</u> month <u>20</u> day <u>80</u> year							
Pump Test Data : Well water was ft. after hours pumping. gpm Est. Yield gpm: Well water was ft. after hours pumping. gpm							
4 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete tile <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Fiberglass <input type="checkbox"/> Casing Joints: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded							
Blank casing dia <u>5</u> in. to <u>160</u> ft. Dia in. to ft. Dia in. to ft.							
Casing height above land surface <u>12-24</u> in. weight <u>250PSI</u> lbs./ft. Wall thickness or gauge No. <u>325</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> ABS <input type="checkbox"/> None used (open hole)							
Screen or Perforation Openings Are: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Torch cut <input type="checkbox"/> Other (specify)							
Screen-Perforation Dia <u>5</u> in. to ft. Dia in. to ft. Dia in. to ft.							
Screen-Perforated Intervals: From <u>120</u> ft. to <u>160</u> ft. From ft. to ft. From ft. to ft.							
Gravel Pack Intervals: From <u>60</u> ft. to <u>160</u> ft. From ft. to ft. From ft. to ft.							
5 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other							
Grouted Intervals: From <u>0</u> ft. to <u>20</u> ft. From ft. to ft. From ft. to ft.							
What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feed yard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Watertight sewer lines							
Direction from well <u>East</u> How many feet <u>75'</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No							
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year Pump Installed? Yes <input checked="" type="checkbox"/> No							
If Yes: Pump Manufacturer's name <u>Goulds</u> Model No. <u>10EJ07</u> HP <u>3/4</u> Volts <u>230</u>							
Depth of Pump Intake <u>160</u> ft. Pumps Capacity rated at <u>10</u> gal./min.							
Type of pump: <input checked="" type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 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 <u>11</u> month <u>20</u> day <u>80</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>160</u>							
This Water Well Record was completed on <u>11</u> month <u>25</u> day <u>80</u> year under the business name of <u>Jim Smith's Pump Service</u> by (signature) <u>James Ray Smith</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>35</u>	<u>sand</u>			
		<u>35</u>	<u>40</u>	<u>rock</u>			
		<u>40</u>	<u>160</u>	<u>Sandstone 50%</u>			
		<u>160</u>	<u>160</u>	<u>Blue shale hard</u>			
ELEVATION:							
Depth(s) Groundwater Encountered <input checked="" type="checkbox"/> 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

T

26

R

41

FW

SEC.

20

SW 1/4

SW 1/4

NE 1/4