

Range Number

R / ~~AW~~

Street address of well if located within city?

Application Number:

12 Other (Specify below)

10 Observation well

hours pumping. gpm

Casing Joints: Glued Clamped (

Welded ~~X~~

Blank casing dia 16 in. to 15 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

10 Asbestos-cement

2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
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1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
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Screen-Perforation Dia. 16 in. to 47 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

[illegible]

Grouted Intervals: From 0 ft to 10 ft. From ft. to ft., From ft. to ft.

1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well
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2 Sewer lines	5 Deep pits	8 Water supply	11 Water supply
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X : If yes, date sample _____

If Yes: Pump Manufacturer's name _____ Model No. 12RK HP 25 Volts _____

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

completed on May month 25 day 1984 year

This Water Well Record was completed on Aug month 28 day 11 1984 year under the business

3	LOCATE WELL'S LOCATION	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
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BOX:	2	30	Sampled			
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[illegible][illegible][illegible][illegible]

ELEVATION:						
Depth(s) Groundwater Encountered	1	12	# 2	# 2	# 4	#
(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.

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