

LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 NW 1/4 Section Number 27 Township Number T 27 S 1 Range Number R 18 NW  
 County: KIOWA

Distance and direction from nearest town or city? 4 N. Greensburg Kans. Street address of well if located within city?

WATER WELL OWNER: Frank Schmidt Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: Haviland Kansas Application Number:

DEPTH OF COMPLETED WELL: 63 ft. Bore Hole Diameter: 8 3/4 in. to . . . . . ft. and . . . . . in. to . . . . . ft.

Well Water to be used as:  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 28 ft. below land surface measured on 2 month 12 day 80 year  
 Pump Test Data: Well water was 28 ft. after 1 hours pumping 10 gpm  
 Est. Yield 25 gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

TYPE OF BLANK CASING USED:  
 1 Steel  RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing dia: 5" in. to . . . . . ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight 1.75 lbs./ft. Wall thickness or gauge No. SDR-26

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass  RMP (SR) 10 Asbestos-cement 11 Other (specify) . . . . .  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped  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: 5" in. to . . . . . ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From 13 ft. to 63 ft. From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 28 ft. to 63 ft. From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.

GROUT MATERIAL:  Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .  
 Grouted Intervals: From 4 ft. to 14 ft. From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft.

What is the nearest source of possible contamination:  
 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below)  
 Direction from well: SW How many feet: 80 ? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . . If yes, date sample  
 was submitted . . . . . month . . . . . day . . . . . year Pump Installed? Yes  No  
 If Yes: Pump Manufacturer's name: Flint & Walling Model No. EB48 HP 1/2 Volts 230  
 Depth of Pump Intake: 42 ft. Pumps Capacity rated at 10 gal./min.  
 Type of pump:  Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on 2 month 12 day 80 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 324  
 This Water Well Record was completed on 1 month 3 day 80 year under the business  
 name of Carl Haysse Water Well Serv. by (signature) Carl Haysse

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Top Soil			
	4	16	BR Sandy Clay			
	16	17	Fixe Sand			
	17	29	BR Clay & GYP			
	29	43	Sand with Clay Strata			
	43	60	GRAVEL			

ELEVATION: Depth(s) Groundwater Encountered 1. 28 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 27  
R 18  
E 27  
SEC.  
NW 1/4 SW 1/4 NW 1/4