

| | | | | |
|--------------------------|-----------------------------|----------------|-----------------|--|
| 1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: Stanton | SW 1/4 NW 1/4 NW 1/4 | 26 | T 27 S | R 42 NW |

Distance and direction from nearest town or city? **10 Mi. N. Manter Ks.**

Street address of well if located within city?

2 WATER WELL OWNER: **Bill Dimitt**

RR#, St. Address, Box # : _____

City, State, ZIP Code : **Johnson, Ks. 67855**

Board of Agriculture, Division of Water Resources
Application Number: _____

3 DEPTH OF COMPLETED WELL: **330** ft. Bore Hole Diameter: **9** in. to **330** ft., and _____ in. to _____ ft.

Well Water to be used as:

| | | | | |
|--|---------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 8 Air conditioning | <input type="checkbox"/> 11 Injection well |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 7 Lawn and garden only | <input type="checkbox"/> 9 Dewatering | <input checked="" type="checkbox"/> 12 Other (Specify below) |

Stock well

Well's static water level **Not measured** ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data : Well water was _____ ft. after _____ hours pumping. _____ gpm

Est. Yield **40** gpm; Well water was _____ ft. after _____ hours pumping. _____ gpm

4 TYPE OF BLANK CASING USED:

| | | | | |
|---|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought iron | <input type="checkbox"/> 8 Concrete tile | Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ |
| <input checked="" type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | Welded _____ |
| | | <input type="checkbox"/> 7 Fiberglass | | Threaded _____ |

Blank casing dia **5** in. to **290** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **12-24** in., weight _____ lbs./ft. Wall thickness or gauge No **362 well**

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel | <input type="checkbox"/> 5 Fiberglass | <input checked="" type="checkbox"/> 8 RMP (SR) | <input type="checkbox"/> 10 Asbestos-cement |
| <input type="checkbox"/> 2 Brass | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 9 ABS | <input type="checkbox"/> 11 Other (specify) _____ |
| | | | | <input type="checkbox"/> 12 None used (open hole) |

Screen or Perforation Openings Are:

| | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> 1 Continuous slot | <input checked="" type="checkbox"/> 3 Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input type="checkbox"/> 8 Saw cut | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched | <input type="checkbox"/> 6 Wire wrapped | <input type="checkbox"/> 9 Drilled holes | |
| | | <input type="checkbox"/> 7 Torch cut | <input type="checkbox"/> 10 Other (specify) _____ | |

Screen-Perforation Dia **290** 5 in. to **330** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **290** ft. to **330** ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

Gravel Pack Intervals: From **230** ft. to **330** ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

Gravel & Dirt Pack

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

What is the nearest source of possible contamination: **None**

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 4 Cess pool | <input type="checkbox"/> 7 Sewage lagoon | <input type="checkbox"/> 10 Fuel storage | <input type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 5 Seepage pit | <input type="checkbox"/> 8 Feed yard | <input type="checkbox"/> 11 Fertilizer storage | <input type="checkbox"/> 15 Oil well/Gas well |
| <input type="checkbox"/> 3 Lateral lines | <input type="checkbox"/> 6 Pit privy | <input type="checkbox"/> 9 Livestock pens | <input type="checkbox"/> 12 Insecticide storage | <input type="checkbox"/> 16 Other (specify below) |
| | | | <input type="checkbox"/> 13 Watertight sewer lines | |

Direction from well _____ How many feet _____ ? Water Well Disinfected Yes _____ No XX

Was a chemical/bacteriological sample submitted to Department? Yes _____ No XX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No XX

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

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 _____ **2nd** month _____ **15th** day _____ **1980** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **160**

This Water Well Record was completed on _____ **5th** month _____ **12th** day _____ **1980** year under the business name of **JIM SMITH PUMP SERVICE** by (signature) *James Ray Smith*

| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|--|------|------|-----------------------|------|----|----------------|
| | 0' | 80' | Clay w/ sand | | | |
| | 80' | 160' | Sand (cemented) | | | |
| | 160' | 180' | Clay | | | |
| | 180' | 330' | Sand (fine to coarse) | | | |
| ELEVATION: | | | | | | |

Depth(s) Groundwater Encountered **1. 180** 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.