

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: SEDGWICK		NE ¼ NW ¼ NE ¼		32		T 28 S		R 2 W 1/4	
Distance and direction from nearest town or city? 3/4 North of Clonmel, Kansas					Street address of well if located within city?				
2 WATER WELL OWNER:									
Walter Robbins					Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : R.R.					Application Number:				
City, State, ZIP Code : Clonmel, Ks.									
3 DEPTH OF COMPLETED WELL . . . 110 . . . ft. Bore Hole Diameter . . . 11 . . . 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		Windmill	
Well's static water level . . . 14 . . . ft. below land surface measured on . . . 4 . . . month . . . 2 . . . day . . . 81 . . . 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:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: Glued ☒ Clamped . . .	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Cer-Mac Welded . . .	
				7 Fiberglass		SDR-26 Styrene		Threaded . . .	
Blank casing dia . . . 5 . . . in. to . . . 20 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Casing height above land surface . . . 12 . . . in., weight . . . lbs./ft. Wall thickness or gauge No . . . 203									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement Same	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) SDR-26	
								12 None used (open hole)	
Screen or Perforation Openings Are:									
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut .06		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 . . . 110 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Screen-Perforated Intervals: From . . . 20 . . . ft. to . . . 110 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
Gravel Pack Intervals: From . . . 14 . . . ft. to . . . 110 . . . 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 . . . 40" . . . ft. to . . . 14 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
What is the nearest source of possible contamination:									
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		NONE APPARENT	
Direction from well . . . How many feet . . . ? 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 . . . 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 . . . 4 . . . month . . . 2 . . . day . . . 81 . . . year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 236									
This Water Well Record was completed on . . . 6 . . . month . . . 12 . . . day . . . 81 . . . year under the business									
name of Harp Well & Pump Serv., Inc. by (signature) <i>m. Arnold</i>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
		0	2	Topsoil					
		2	8	Sandy Soil					
		8	11	Sandy Clay					
		11	16	Medium Sand					
		16	19	Gray Clay					
		19	86	Blue Shale					
		86	91	Red Shale					
91	110	Blue Shale							
ELEVATION:									
Depth(s) Groundwater Encountered 1. 14 . . . 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.