

Distance and direction from nearest town or city street address of well if located within city?

3	LOCATE WELL'S LOCATION WITH	4	DEPTH OF COMPLETED WELL	135	#	ELEVATION:
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Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

5. TYPE OF BLANK CASING USED:	5. Wrought iron	6. Concrete tile	CASING JOINTS: Glued	Clamped
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	E 1715		F 1855		F 1855/glass		Vitreous	
	in.	to	in.	to	in.	to	in.	to
Blank casing diameter								
Blank casing length								
Blank casing weight								
Blank casing volume								
Blank casing surface area								
Blank casing mass								
Blank casing density								
Blank casing modulus of elasticity								
Blank casing Poisson's ratio								
Blank casing yield strength								
Blank casing ultimate tensile strength								
Blank casing elongation at break								
Blank casing reduction of area								
Blank casing impact strength								
Blank casing Charpy impact strength								
Blank casing Izod impact strength								
Blank casing hardness								
Blank casing tensile strength								
Blank casing yield strength								
Blank casing elongation at break								
Blank casing reduction of area								
Blank casing impact strength								
Blank casing Charpy impact strength								
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TYPE OF SCREEN OR PERFORATION MATERIAL:	7. PVC	10. Asbestos-cement
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SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

SCREEN-PERFORATED INTERVALS:	From	ft to	ft	From	ft to	ft
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GRAVEL PACK INTERVALS: From _____ ft to _____ ft From _____ ft to _____ ft

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

Grout Intervals: From ft to ft From ft to ft From ft to ft

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
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7. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed or (3) plugged under my jurisdiction and was

Water Well Contractor's License No. 179 This Water Well Record was completed on (mo/day/yr) 12-1-90

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

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