

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>Stanton</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>		<u>24</u>		<u>T 28 S</u>		<u>R 40 E</u>	
Distance and direction from nearest town or city? <u>2 mi. (N.) Johnson, Kans.</u>				Street address of well if located within city?					
2 WATER WELL OWNER: <u>Robert Brady</u>									
RR#, St. Address, Box # :				Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Johnson, Kansas 67855</u>				Application Number:					
3 DEPTH OF COMPLETED WELL: <u>360</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>360</u> ft. and _____ in. to _____ ft.									
Well Water to be used as:									
<input checked="" type="checkbox"/> Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		11 Injection well	
<input type="checkbox"/> Irrigation		4 Industrial		6 Oil field water supply		9 Dewatering		12 Other (Specify below)	
				7 Lawn and garden only		10 Observation well			
Well's static water level <input checked="" type="checkbox"/> <u>190</u> ft. below land surface measured on _____ month _____ day _____ 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 <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded _____ Threaded _____	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)			
				7 Fiberglass					
Blank casing dia _____ in. to <u>320</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>12-24</u> in., weight <u>200PSI</u> lbs./ft. Wall thickness or gauge No. <u>.262</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____	
								12 None used (open hole)	
Screen or Perforation Openings Are:									
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		5 Gauzed wrapped		8 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 _____ in. to <u>360</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Screen-Perforated Intervals: From _____ ft. to <u>320</u> ft. to <u>360</u> ft. From _____ ft. to _____ ft. to _____ ft.									
Gravel Pack Intervals: From _____ ft. to <u>260</u> ft. to <u>360</u> ft. From _____ ft. to _____ ft. to _____ ft.									
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grouted Intervals: From _____ ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> 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			
Direction from well <u>West</u> How many feet <u>150'</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <input checked="" type="checkbox"/> No									
If Yes: Pump Manufacturer's name <u>Goulds</u> Model No. <u>10EJ15</u> HP <u>1 1/2</u> Volts <u>230</u>									
Depth of Pump Intake _____ ft. Pumps Capacity rated at <u>10</u> gal./min.									
Type of pump: <input checked="" type="checkbox"/> 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other									
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____									
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>JIM SMITH PUMP SERVICE</u> by (signature) <u>Betty Pearce BK</u>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO		LITHOLOGIC LOG		FROM TO		LITHOLOGIC LOG	
		0 40		Clay					
		40 60		clay sand					
		60 80		clay					
		80 180		sand					
		180 220		sand w/ clay breakers					
		220 360		sand fine-coarse					
ELEVATION:									
Depth(s) Groundwater Encountered 1. _____ 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.