

1 LOCATION OF WATER WELL  
 County: **Stanton** Fraction: **SW 1/4 SE 1/4 SE 1/4** Section Number: **6** Township Number: **T 28 S** Range Number: **R 42 EW**

Distance and direction from nearest town or city: **9W-4 N-1W Johnson, Kansas**  
 Street address of well if located within city?

2 WATER WELL OWNER: **Alice Farrar**  
 RR#, St. Address, Box #: **Syracuse, Kansas 67878**  
 City, State, ZIP Code: **Syracuse, Kansas 67878**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: **320** ft. Bore Hole Diameter: **10** in. to ... ft., and ... in. to ... ft.  
 Well Water to be used as:  
 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  
 Well's static water level: **220** ft. below land surface measured on ... **11** month **21** day **80** year  
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm  
 Est. Yield: Well water was ... ft. after ... hours pumping ... gpm

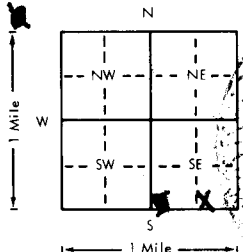
4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  Casing Joints: Glued  Clamped   
 PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below)  Welded  
 7 Fiberglass  Threaded  
 Blank casing dia: **5** in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Casing height above land surface: **12-24** in., weight **250 PSI** lbs./ft. Wall thickness or gauge No. **325**

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  12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot  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: **5** in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Screen-Perforated Intervals: From **280** ft. to **320** ft. From ... ft. to ... ft. From ... ft. to ... ft.  
 Gravel Pack Intervals: From **220** ft. to **320** ft. From ... ft. to ... ft. From ... ft. to ... ft.

5 GROUT MATERIAL:  Neat cement  2 Cement grout  3 Bentonite  4 Other  
 Grouted Intervals: From **0** ft. to **20** 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  
 Direction from well: **East** How many feet: **200** ? 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: **Goulds** Model No. **7EH07** HP **3/4** Volts **230**  
 Depth of Pump Intake: ... ft. Pumps Capacity rated at: **7** gal./min.

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 ... **11** month ... **21 78** day ... **80** 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 ... **11** month ... **25** day ... **80** year under the business name of **Jim Smith Pump Service**  
 by (signature) **Betty Pearce (BK)**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Surface			
20	125	Clay w/sand strips			
125	220	Sand			
220	240	(Rock) Sand w/ Clay			
240	260	Shale			
260	320	Sandstone 100%			

ELEVATION:

Depth(s) Groundwater Encountered: ... 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.