

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>	<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>25</u>	T <u>29</u> S	R <u>7</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: TED MAPLE  
RR#, St. Address, Box # : R.R. 1  
City, State, ZIP Code : OLYSSES KS 67880

Board of Agriculture, Division of Water Resources  
Application Number:

3 LOCATE WELL'S LOCATION WITHIN AN "X" IN SECTION BOX:

N	
X	
NW	NE
E	
SW	SE
S	

1 Mile

DEPTH OF COMPLETED WELL: 25 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 4/23/92

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter in. to ft., and in. to ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
<u>1 Domestic</u>	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	9 Dewatering
	7 Lawn and garden only	12 Other (Specify below)
	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 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)	Welded	
		7 Fiberglass	GALVANIZED STEEL	Threaded	

Blank casing diameter 6 in. to ft., Dia. in. to ft., Dia. in. to ft.

Casing height 48 in. land surface. in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			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-PERFORATED INTERVALS: From N/A ft. to N/A ft., From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.

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

Grout intervals: From 8 ft. to 4 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:

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

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4/23/92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1500 This Water Well Record was completed on (mo/day/yr) 4/23/92 under the business name of KSU by (signature) [Signature]

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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.