

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: Norton		NW 1/4 NW 1/4 NW 1/4		2		T 2 S		R 21W E/W	
Distance and direction from nearest town or city? 2 1/2 Miles ne of Alma				Street address of well if located within city?					
2 WATER WELL OWNER: Susan Mary Gebhard									
RR#, St. Address, Box # : Long Island Ks. 67647				Board of Agriculture, Division of Water Resources					
City, State, ZIP Code :				Application Number: 36,692					
3 DEPTH OF COMPLETED WELL... 73 ...ft. Bore Hole Diameter... 30 ...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	
<input checked="" 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 ... 32 ...ft. below land surface measured on ... Aug. ...month ... 30 ...day ... 83 ...year									
Pump Test Data : Well water was ... 63 ...ft. after ... 1 1/2 ...hours pumping ... 700 ...gpm									
Est. Yield 650 gpm: Well water was ... 70 ...ft. after ... 2 ...hours pumping ... 725 ...gpm									
4 TYPE OF BLANK CASING USED:									
1 Steel <input checked="" type="checkbox"/>		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 ... <input checked="" type="checkbox"/>	
				7 Fiberglass				Threaded ...	
Blank casing dia ... 16 in. to ... 52 ft., Dia ... in. to ... ft., Dia ... in. to ... ft.									
Casing height above land surface ... 30 in., weight ... 26 lbs./ft. Wall thickness or gauge No ... 10									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel <input checked="" type="checkbox"/>		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		3 Mill slot <input checked="" type="checkbox"/>		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 ... 16 in. to ... 73 ft., Dia ... in. to ... ft., Dia ... in. to ... ft.									
Screen-Perforated Intervals: From ... 52 ft. to ... 73 ft., From ... ft. to ... ft., From ... ft. to ... ft.									
Gravel Pack Intervals: From ... 12 ft. to ... 73 ft., From ... ft. to ... ft., From ... ft. to ... ft.									
5 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout 3 Bentonite <input checked="" type="checkbox"/> 4 Other									
Grouted Intervals: From ... 2 ft. to ... 12 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 ... How many feet ... ? Water Well Disinfected? Yes ... No <input checked="" type="checkbox"/>									
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 Western Landroller Model No. 8308843 HP 25 Volts 240									
Depth of Pump Intake ... 650 ft. Pumps Capacity rated at ... 650 gal./min.									
Type of pump: 1 Submersible <input checked="" type="checkbox"/> 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 ... Aug. ... month ... 8 ... day ... 1983 ... year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 215									
This Water Well Record was completed on ... Sep ... month ... 7 ... day ... 1983 ... year under the business name of Peerless Machine & M.F.G. by (signature) <i>[Signature]</i>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO		LITHOLOGIC LOG		FROM TO		LITHOLOGIC LOG	
		0 5		Top soil					
		5 32		Clay					
		32 34		Sand					
		34 53		Clay					
		53 67		Sand & gravel					
		67 73		Rocks & clay					
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.