

1. LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: SUMNER	SE 1/4 NE 1/4 NE 1/4	1	T 30 S	R 1 W

Distance and direction from nearest town or city? _____ Street address of well if located within city?
12123 S. Meridian Peck, Ks.

2. WATER WELL OWNER: **Everett Kelley**
 RR#, St. Address, Box #: **12123 S. Meridian** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Peck, Ks.** Application Number: _____

3. DEPTH OF COMPLETED WELL: **50** ft. Bore Hole Diameter: **11** in. to _____ ft., and _____ in. to _____ ft.

Well Water to be used as:

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

Well's static water level: **23** ft. below land surface measured on _____ **6** month **26** day **80** 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:

5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 PVC	4 ABS	9 Other (specify below)
		7 Fiberglass
		10 Asbestos-cement
		11 Other (specify)
		12 None used (open hole)

Blank casing dia: **5** in. to **30** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **200**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

Screen or Perforation Openings Are:

5 Gauzed wrapped	8 Saw cut	.06	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)

Screen-Perforation Dia: **5** in. to **50** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **30** ft. to **50** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **14** ft. to **50** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5. GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grouted Intervals: From **40"** ft. to **14** 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: **80** ? 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: _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump:

1 Submersible	2 Turbine	3 Jet	4 Centrifugal	5 Reciprocating	6 Other
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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 _____ **6** month **26** day **80** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's license No. **236**. This Water Well Record was completed on _____ **7** month **31** day **1980** year under the business name of **Harp Well & Pump** by (signature) *M. Arnold*

7. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Sandy Topsoil		
	2	11	Sandy Clay			
	11	20	Fine Sand with Clay Streaks			
	20	30	Fine to Medium Sand			
	30	50	Medium to Coarse Sand with Clay Streaks			

ELEVATION: _____

Depth(s) Groundwater Encountered **1**... **22**... 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.

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