

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Meade	SW XX ¼ SW XX ¼ NE ¼	31	T 30 S	R 26 EW
Distance and direction from nearest town or city? ½ mile North and ½ mile West of Fowler, Ks.		Street address of well if located within city?		

2 WATER WELL OWNER: **Kenneth Walker**
 RR#, St. Address, Box #: **d**
 City, State, ZIP Code: **Fowler, Ks. 67844**
 Board of Agriculture, Division of Water Resources
 Application Number: **---**

3 DEPTH OF COMPLETED WELL: **108** ft. Bore Hole Diameter: **9 7/8** in. to **108** ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic **3** Feedlot **6** Oil field water supply **9** Dewatering **XXX** Other (Specify below) **Stock**
 2 Irrigation **4** Industrial **7** Lawn and garden only **10** Observation well
 Well's static water level: **32** ft. below land surface measured on **August** month **9** day **1980** year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **30-40** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel **XXX** PVC
 3 RMP (SR)
 4 ABS
 5 Wrought iron
 6 Asbestos-Cement
 7 Fiberglass
 8 Concrete tile **XXXXX**
 9 Other (specify below)
 Casing Joints: **XX** Glued **XX** Clamped
 Welded
 Threaded

Blank casing dia: **5** in. to **68** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL: **XXX** PVC
 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:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **XXXX** 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 **108** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **68** ft. to **108** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **10** ft. to **108** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: **XXX** Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **10** 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 **XXX** Other (specify below) **Creek**
 13 Watertight sewer lines

Direction from well: **West** How many feet: **75** ? Water Well Disinfected? Yes **XXX** No

Was a chemical/bacteriological sample submitted to Department? Yes **Windmill** No **XXX** If yes, date sample was submitted _____ month _____ day _____ year
 Pump Installed? Yes **XXXX** No

Yes: Pump Manufacturer's name: **Aermill** Model No. **6' Mill** HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at **3** gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal **XXX** 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **August** month **12** day **1980** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**
 This Water Well Record was completed on **September** month **8** day **1980** year under the business name of **Friesen Windmill & Supply Inc.** by (signature) _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO
	0	11			Top Soil	
	11	38			Clay	
	38	59			Blue Clay	
	59	70			Med. to Lar. Sand	
	70	95			Blue Clay with sand streaks	
	95	108			Med. to Lar. Sand	

ELEVATION: **Upland**

Depth(s) Groundwater Encountered 1. **Not available** 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.

OFFICE USE ONLY
T
30
R
26
EW
SEC
81
SW ¼ SW ¼ NE ¼