

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stanton	E 1/4 NE 1/4 SE 1/4	15	T 30 S	R 39W

Distance and direction from nearest town or city? **8 5/8 Mi S Big Bow, Kans, West Side** Street address of well if located within city?

2 WATER WELL OWNER: **Winifred Nicholas Nicholas Farms**
 RR#, St. Address, Box #: **Rt. 2** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Johnson, Kansas 67855** Application Number:

3 DEPTH OF COMPLETED WELL: **310** ft. Bore Hole Diameter: **10** in. to **310** ft., and in. to ft.

Well Water to be used as:

5 Public water supply	8 Air conditioning	11 Injection well
<input checked="" type="checkbox"/> 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: **190** ft. below land surface measured on month day 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:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued Clamped
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing dia: **5** in. to **210** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **12-24** in., weight: **200 PSI** lbs./ft. Wall thickness or gauge No: **262**

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:

1 Continuous slot	<input checked="" type="checkbox"/> 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 **310** ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **270** ft. to **310** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **210** ft. to **310** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: 1 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:

<input checked="" type="checkbox"/> 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: **NW** How many feet: **150'W 90'N** ? 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: **Could's** Model No. **25EL30** HP **3** Volts **230**

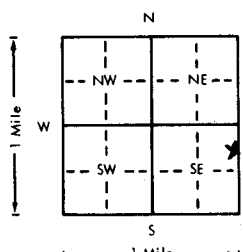
Depth of Pump Intake: **236'** ft. Pumps Capacity rated at **3.5** gal./min.

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

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 **17** day **81** 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 **6** month **18** day **81** year under the business name of **JIM SMITH PUMP SERVICE** by (signature) **Betty Pearce** BK **Betty Pearce**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	40	Clay			
		40	160	sand, med.-coarse			
		160	190	Clay			
		190	310	Sand, Med.-coarse			

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.