

<b>1 LOCATION OF WATER WELL</b>		Fraction	Section Number	Township Number	Range Number
County: <u>KINGMAN</u>		<u>CE 1/4 NE 1/4 NE 1/4</u>	<u>30</u>	<u>T 30 S</u>	<u>R 9 E</u>
Distance and direction from nearest town or city? <u>ZEMDA 25 SW 1/4 WESTSIDE</u>			Street address of well if located within city?		
<b>2 WATER WELL OWNER:</b> <u>SWEETMAN DRILLING INC.</u>					
RR#, St. Address, Box # : <u>ONE MAIN PLACE, SUITE 410</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>WICHITA, KS 67202</u>			Application Number:		
<b>3 DEPTH OF COMPLETED WELL</b> <u>115</u> ft. Bore Hole Diameter <u>9</u> in. to <u>115</u> 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	9 Dewatering	12 Other (Specify below)	
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well		
Well's static water level <u>40</u> ft. below land surface measured on <u>July</u> month <u>12</u> day <u>1980</u> year					
Pump Test Data <u>NONE</u>	Well water was _____ ft. after _____ hours pumping _____ gpm				
Est. Yield _____ gpm	Well water was _____ ft. after _____ hours pumping _____ gpm				
<b>4 TYPE OF BLANK CASING USED:</b>					
1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____	
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing dia <u>5</u> in. to <u>95</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>287.3</u> lbs./ft. Wall thickness or gauge No <u>265</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement	
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____	
Screen or Perforation Openings Are: <u>1/8</u>		5 Gauzed wrapped	8 Saw cut	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 <u>5</u> in. to <u>115</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>95</u> ft. to <u>115</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>85</u> ft. to <u>115</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>5 GROUT MATERIAL:</b>					
1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____		
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: <u>NONE</u>					
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)	
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 _____		If yes, date sample _____			
was submitted _____ month _____ day _____ year		Pump Installed? Yes _____ No <input checked="" type="checkbox"/>			
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 _____
<b>6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>July</u> month <u>12</u> day <u>1980</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u>					
This Water Well Record was completed on <u>July</u> month <u>18</u> day <u>1980</u> year under the business name of <u>MATERS WATER WELL SERVICE</u> by (signature) <u>Rudolph Reiser</u>					
<b>7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>LITHOLOGIC LOG</b>			
		FROM	TO	LITHOLOGIC LOG	
		0	30	SANDY SOIL	
		30	55	CLAY	
		55	80	SANDY CLAY	
		80	90	CLAY	
		90	115	GRAVEL	
<b>ELEVATION:</b>					
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.