

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Meade</u>	<u>SW</u> 1/4 <u>NW</u> 1/4 <u>SW</u> 1/4	<u>6</u>	<u>T</u> <u>31</u> <u>S</u>	<u>R</u> <u>26</u> <u>W</u>

Distance and direction from nearest town or city? At SW edge of Fowler

Street address of well if located within city?

2 WATER WELL OWNER: City of Fowler

RR#, St. Address, Box #: Fowler, Kansas 67844

City, State, ZIP Code: Fowler, Kansas 67844

Board of Agriculture, Division of Water Resources  
Application Number:

3 DEPTH OF COMPLETED WELL: 25 ft. Bore Hole Diameter: 5 in. to 25 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: 9 ft. below land surface measured on July month 18 day 84 year

Pump Test Data: none Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield: none 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: <u>Glued</u> <input checked="" type="checkbox"/> <u>Clamped</u> _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: 2 in. to 15 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface: 2' in., weight 200 psi lbs./ft. Wall thickness or gauge No \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:

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) _____
				12 None used (open hole)

Screen or Perforation Openings Are:

1 Continuous slot	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: 2 in. to 25 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Screen-Perforated Intervals: From 15 ft. to 25 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel Pack Intervals: From 10 ft. to 25 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:

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: north How many feet: 900 ? 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: none 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 \_\_\_\_\_

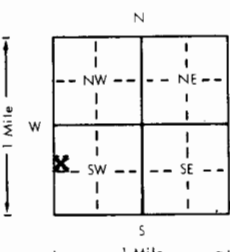
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on July month 10 day 1984 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102

This Water Well Record was completed on July month 18 day 1984 year under the business name of Layne Western Co., Inc. by (signature) Robert L. Vincent

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

	FROM		LITHOLOGIC LOG	FROM		LITHOLOGIC LOG
	TO	TO		TO	TO	
	0	2	Top soil			
	2	6	Brown clay			
	6	25	Gray clay			



ELEVATION:

Depth(s) Groundwater Encountered: 1 ft. 9 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.

OFFICE USE ONLY

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