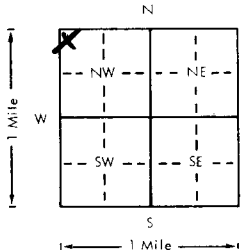


1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number		Range Number	
County: <u>SUMNER</u>		<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>22</u>		<u>T 31</u> S		R <u>3</u> <u>EW</u>	
Distance and direction from nearest town or city? <u>3 So Conway Springs</u>				Street address of well if located within city?				
2 WATER WELL OWNER: <u>Gerald Harrington</u>								
RR#, St. Address, Box #				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Conway Springs KS 67031</u>				Application Number:				
3 DEPTH OF COMPLETED WELL: <u>65</u> ft. Bore Hole Diameter: <u>11</u> in. to . . . . . ft., and . . . . . in. to . . . . . ft.								
Well Water to be used as:								
<input checked="" type="checkbox"/> Domestic			<input type="checkbox"/> 3 Feedlot			<input type="checkbox"/> 5 Public water supply		
<input type="checkbox"/> 2 Irrigation			<input type="checkbox"/> 4 Industrial			<input type="checkbox"/> 6 Oil field water supply		
<input type="checkbox"/> 7 Lawn and garden only			<input type="checkbox"/> 8 Air conditioning			<input type="checkbox"/> 11 Injection well		
<input type="checkbox"/> 9 Dewatering			<input type="checkbox"/> 12 Other (Specify below)			<input type="checkbox"/> 10 Observation well		
Well's static water level: <u>30</u> ft. below land surface measured on . . . . . month <u>10</u> day <u>1</u> year <u>80</u>								
Pump Test Data: Well water was <u>35</u> ft. after <u>1 1/2</u> hours pumping. <u>15</u> gpm								
Est. Yield <u>20</u> gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm								
4 TYPE OF BLANK CASING USED:								
<input type="checkbox"/> 1 Steel			<input checked="" type="checkbox"/> 3 RMP (SR)			<input type="checkbox"/> 5 Wrought iron		
<input type="checkbox"/> 2 PVC			<input type="checkbox"/> 4 ABS			<input type="checkbox"/> 6 Asbestos-Cement		
<input type="checkbox"/> 7 Fiberglass			<input type="checkbox"/> 8 Concrete tile			<input type="checkbox"/> 9 Other (specify below)		
Blank casing dia: <u>5</u> in. to <u>2.5</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.								
Casing height above land surface: <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>SPR-26</u>								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
<input type="checkbox"/> 1 Steel			<input type="checkbox"/> 3 Stainless steel			<input type="checkbox"/> 5 Fiberglass		
<input type="checkbox"/> 2 Brass			<input type="checkbox"/> 4 Galvanized steel			<input checked="" type="checkbox"/> 8 RMP (SR)		
<input type="checkbox"/> 6 Concrete tile			<input type="checkbox"/> 9 ABS			<input type="checkbox"/> 10 Asbestos-cement		
<input type="checkbox"/> 11 Other (specify)			<input type="checkbox"/> 12 None used (open hole)			<input type="checkbox"/> 8 Saw cut		
<input type="checkbox"/> 11 None (open hole)			<input type="checkbox"/> 12 None (open hole)			<input type="checkbox"/> 9 Drilled holes		
Screen or Perforation Openings Are:								
<input type="checkbox"/> 1 Continuous slot			<input checked="" type="checkbox"/> 3 3/4" slot			<input type="checkbox"/> 6 Wire wrapped		
<input type="checkbox"/> 2 Louvered shutter			<input type="checkbox"/> 4 Key punched			<input type="checkbox"/> 7 Torch cut		
Screen-Perforation Dia: <u>5</u> in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.								
Screen-Perforated Intervals: From <u>25</u> ft. to <u>65</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
Gravel Pack Intervals: From <u>13</u> ft. to <u>65</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
5 GROUT MATERIAL:								
<input type="checkbox"/> 1 Neat cement			<input checked="" type="checkbox"/> 2 Cement grout			<input type="checkbox"/> 3 Bentonite		
<input type="checkbox"/> 4 Other			<input type="checkbox"/> 5 Neat cement			<input type="checkbox"/> 6 Cement grout		
Grouted Intervals: From <u>3</u> ft. to <u>13</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.								
What is the nearest source of possible contamination:								
<input type="checkbox"/> 1 Septic tank			<input type="checkbox"/> 4 Cess pool			<input type="checkbox"/> 7 Sewage lagoon		
<input checked="" type="checkbox"/> 2 Sewer lines			<input type="checkbox"/> 5 Seepage pit			<input type="checkbox"/> 8 Feed yard		
<input type="checkbox"/> 3 Lateral lines			<input type="checkbox"/> 6 Pit privy			<input type="checkbox"/> 9 Livestock pens		
<input type="checkbox"/> 10 Fuel storage			<input type="checkbox"/> 13 Watertight sewer lines			<input type="checkbox"/> 14 Abandoned water well		
<input type="checkbox"/> 11 Fertilizer storage			<input type="checkbox"/> 15 Oil well/Gas well			<input type="checkbox"/> 16 Other (specify below)		
Direction from well: <u>North</u> How many feet: <u>80</u> ? Water Well Disinfected? Yes <u>X</u> No								
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, date sample was submitted . . . . . month . . . . . day . . . . . year								
Pump Installed? Yes <u>No</u> Model No. . . . . HP . . . . . Volts . . . . .								
Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.								
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 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 <u>10</u> month <u>8</u> day <u>80</u> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u>								
This Water Well Record was completed on <u>10</u> month <u>9</u> day <u>80</u> year under the business name of <u>Bluminger Dilling</u> by (signature) <u>Joan Bluminger</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		<u>0</u>	<u>2</u>	<u>Top soil</u>				
		<u>2</u>	<u>12</u>	<u>Red clay</u>				
		<u>12</u>	<u>65</u>	<u>Red shale</u>				
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.								