

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Morton</u>		<u>SW 1/4 NE 1/4 SW 1/4</u>	<u>31</u>	<u>T 31 S</u>	<u>R 40 E</u>		
Distance and direction from nearest town or city? <u>3 E - 2 1/4 N</u> <u>3/8 E Richfield</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Sam Dunn N. St. R.</u>							
RR#, St. Address, Box # : <u>Richfield, Kans. 67853</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>180</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>180</u> ft. and <u>180</u> in. to <u>180</u> ft.							
Well Water to be used as:							
<input checked="" type="checkbox"/> 1 Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 11 Injection well			
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 12 Other (Specify below)			
<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering			
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 8 Air conditioning		<input type="checkbox"/> 10 Observation well			
Well's static water level <u>X</u> <u>110</u> ft. below land surface measured on <u>110</u> month <u>110</u> day <u>110</u> year							
Pump Test Data : Well water was <u>110</u> ft. after <u>110</u> hours pumping <u>110</u> gpm							
Est. Yield gpm: Well water was <u>110</u> ft. after <u>110</u> hours pumping <u>110</u> gpm							
4 TYPE OF BLANK CASING USED:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron			
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement			
<u>5</u> " <u>110</u>		<u>110</u>		<input type="checkbox"/> 7 Fiberglass			
Blank casing dia <u>5</u> in. to <u>110</u> ft., Dia <u>110</u> in. to <u>110</u> ft., Dia <u>110</u> in. to <u>110</u> ft.		<u>110</u>		<input type="checkbox"/> 8 Concrete tile			
Casing height above land surface <u>12 - 24</u> in., weight <u>200 PSI</u> lbs./ft. Wall thickness or gauge No. <u>262</u>		<u>200 PSI</u>		<input type="checkbox"/> 9 Other (specify below)			
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input checked="" type="checkbox"/> 7 PVC			
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 5 Fiberglass		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 11 Other (specify)			
<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 9 ABS		<input type="checkbox"/> 12 None used (open hole)			
Screen or Perforation Openings Are:							
<input type="checkbox"/> 1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped			
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped			
<u>110</u>		<u>180</u>		<input type="checkbox"/> 7 Torch cut			
Screen-Perforation Dia <u>110</u> in. to <u>180</u> ft., Dia <u>110</u> in. to <u>180</u> ft., Dia <u>110</u> in. to <u>180</u> ft.		<u>110</u>		<input type="checkbox"/> 8 Saw cut			
Screen-Perforated Intervals: From <u>140</u> ft. to <u>180</u> ft., From <u>140</u> ft. to <u>180</u> ft., From <u>140</u> ft. to <u>180</u> ft.		<u>140</u>		<input type="checkbox"/> 11 None (open hole)			
Gravel Pack Intervals: From <u>80</u> ft. to <u>180</u> ft., From <u>80</u> ft. to <u>180</u> ft., From <u>80</u> ft. to <u>180</u> ft.		<u>80</u>		<input type="checkbox"/> 10 Other (specify)			
From <u>80</u> ft. to <u>180</u> ft., From <u>80</u> ft. to <u>180</u> ft., From <u>80</u> ft. to <u>180</u> ft.		<u>80</u>		<u>180</u>			
5 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement							
<input type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite		<input type="checkbox"/> 4 Other			
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From <u>0</u> ft. to <u>10</u> ft., From <u>0</u> ft. to <u>10</u> ft.							
What is the nearest source of possible contamination:							
<input checked="" type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon			
<input 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			
<u>South</u>		<u>300'-400'</u>		<input type="checkbox"/> 10 Fuel storage			
Direction from well <u>South</u> How many feet <u>300'-400'</u> Water Well Disinfected? Yes <u>X</u> No		<u>300'-400'</u>		<input type="checkbox"/> 11 Fertilizer storage			
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, date sample		<u>No</u>		<input type="checkbox"/> 12 Insecticide storage			
was submitted <u>110</u> month <u>110</u> day <u>110</u> year: Pump Installed? Yes <u>X</u> No		<u>110</u>		<input type="checkbox"/> 13 Watertight sewer lines			
If Yes: Pump Manufacturer's name <u>(used)</u> Model No. <u>HP</u> Volts <u>HP</u>		<u>(used)</u>		<input type="checkbox"/> 14 Abandoned water well			
Depth of Pump Intake <u>110</u> ft. Pumps Capacity rated at <u>110</u> gal./min.		<u>110</u>		<input type="checkbox"/> 15 Oil well/Gas well			
Type of pump: <input checked="" 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 <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was							
completed on <u>11</u> month <u>11</u> day <u>81</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>160</u>							
This Water Well Record was completed on <u>12</u> month <u>21</u> day <u>81</u> year under the business							
name of <u>Jim Smith Pump Service</u> by (signature) <u>Betty Pearce</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	10	surface			
		10	25	rock			
			80	fine sand w/ clay breaks			
			120	sand			
			143	clay			
			150	coarse sand			
			180	hard sand stone			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>110</u> ft. 2. <u>110</u> ft. 3. <u>110</u> ft. 4. <u>110</u> 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.							