


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Stevens</u>		<u>NW 1/4 SE 1/4 SE 1/4</u>		<u>4</u>		<u>T 32 S</u>		<u>R 35 EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>From Moscow 3 1/2 S on Rd 20-4E on Rd V-1 N on Rd 24-1 E on Rd W</u>									
2 WATER WELL OWNER: <u>Jim Smith / Colson Rev Trust</u>									
RR#, St. Address, Box # <u>R1 Box 57</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code <u>Moscow, KS 67452</u>						Application Number:			

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>390</u> ft. ELEVATION:	
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
		WELL'S STATIC WATER LEVEL <u>250</u> ft. below land surface measured on mo/day/yr _____	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.	
		WELL WATER TO BE USED AS: 5. Public use only _____ 8. Air conditioning _____ 11. Injection well _____	



WELL WATER TO BE USED AS:

1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering
		7 Lawn and garden (domestic)	10 Monitoring well

12 Other (Specify below) _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes ☒ No _____

5 TYPE OF BLANK CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued	Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
2 PVC	4 ABS	7 Fiberglass		Threaded	

Blank casing diameter 16 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	10 Asbestos-cement
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:		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)	

GREEN-PERFORATED INTERVALS:	From _____	ft. to _____	ft. From _____	ft. to _____	ft. _____	}
	From _____	ft. to _____	ft. From _____	ft. to _____	ft. _____	
GRAVEL PACK INTERVALS:	From _____	ft. to _____	ft. From _____	ft. to _____	ft. _____	
	From _____	ft. to _____	ft. From _____	ft. to _____	ft. _____	

GROUT MATERIAL:					
	1 Neat cement	2 Cement grout	3 Bentonite	4 Other	
Interval	From _____ ft.	To _____ ft.	From _____ ft.	To _____ ft.	
Grout Intervals	From _____ ft.	To _____ ft.	From _____ ft.	To _____ ft.	

What is the nearest source of possible contamination:			10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/ Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

How many feet?

[illegible]

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and as completed on (mo/day/yr) 3-29-07 and this record is true to the best of my knowledge and belief. Kansas
r Well Contractor's License No. 473 This Water Well Record was completed on (mo/day/yr) 3-30-07
the business name of Tyler Water Well Serv by (signature) Paul J. [Signature]
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka.
Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.