

1 LOCATION OF WATER WELL
 County: Harper Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 29 Township Number: T 32 S Range Number: R 9 E

Distance and direction from nearest town or city? 4 West of Attica, Kansas
 Street address of well if located within city?

2 WATER WELL OWNER: Myron Briggsby
 RR#, St. Address, Box #: Attica, KS
 City, State, ZIP Code: Attica, KS
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 75 ft. Bore Hole Diameter: 30 in. to _____ ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Well's static water level: 7 ft. below land surface measured on _____ month 23 day 1980 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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: Glued _____ Clamped X
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 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. 3/4"
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel Johnson Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement Transit
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapper 8 Saw cut Transits 12 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped Johnson 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 16 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to 52 ft. Transit From _____ ft. to 75 ft. Transit
 From _____ ft. to 62 ft. Johnson From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ 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 _____ ft. to _____ 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 no apparent
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 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

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 _____ month 23 day _____ 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236
 This Water Well Record was completed on _____ month 23 day _____ 1980 year under the business name of Sharp Well & Pump Serv. Inc. by (signature) M. Arnold

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	10	Clay			
	10	18	Fine to coarse sand			
	18	26	Clay			
	26	30	Fine sand			
	30	75	Fine to coarse sand and gravel			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 7 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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SEC.
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NE 1/4 NE 1/4 NE 1/4