

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																									
County: <u>Sumner</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>		<u>2</u>		T <u>33</u> S		R <u>3</u> E <u>W</u>																									
Distance and direction from nearest town or city street address of well if located within city?																																	
<u>2 mi. West 4 South 1 1/2 W Mayfield Ks</u>																																	
2 WATER WELL OWNER: <u>Dennis Elkins</u>																																	
RR#, St. Address, Box # : <u>RR1 Box 70</u>																																	
City, State, ZIP Code : <u>Mayfield Ks 67103</u>																																	
Board of Agriculture, Division of Water Resources																																	
Application Number:																																	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION:																															
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. <u>30</u> ft. 3. _____ ft.																															
		WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>10/26/90</u>																															
		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 <u>8</u> in. to <u>65</u> ft. and _____ in. to _____ ft.																																	
WELL WATER TO BE USED AS:																																	
<div style="display: flex; justify-content: space-between;"> <div> 5 Public water supply  <u>1 Domestic</u>  2 Irrigation  4 Industrial </div> <div> 8 Air conditioning  9 Dewatering  10 Monitoring well </div> <div> 11 Injection well  12 Other (Specify below) </div> </div>																																	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____																																	
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>																																	
5 TYPE OF BLANK CASING USED:																																	
<div style="display: flex; justify-content: space-between;"> <div> 1 Steel  2 PVC  <u>3 RMP (SR)</u>  4 ABS </div> <div> 5 Wrought iron  6 Asbestos-Cement  7 Fiberglass </div> <div> 8 Concrete tile  9 Other (specify below) </div> </div>																																	
Blank casing diameter <u>5</u> in. to <u>20</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																	
Casing height above land surface <u>16</u> in. weight <u>120</u> lbs./ft. Wall thickness or gauge No. <u>SOR 26</u>																																	
TYPE OF SCREEN OR PERFORATION MATERIAL:																																	
<div style="display: flex; justify-content: space-between;"> <div> 1 Steel  2 Brass  3 Stainless steel  4 Galvanized steel </div> <div> 5 Fiberglass  6 Concrete tile  <u>7 PVC</u>  <u>8 RMP (SR)</u>  9 ABS </div> <div> 10 Asbestos-cement  11 Other (specify)  12 None used (open hole) </div> </div>																																	
SCREEN OR PERFORATION OPENINGS ARE:																																	
<div style="display: flex; justify-content: space-between;"> <div> <u>1 Continuous slot</u>  2 Louvered shutter  3 Mill slot  4 Key punched </div> <div> 5 Gauzed wrapped  6 Wire wrapped  7 Torch cut </div> <div> 8 Saw cut  9 Drilled holes  10 Other (specify)  11 None (open hole) </div> </div>																																	
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.																																	
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.																																	
6 GROUT MATERIAL:																																	
<div style="display: flex; justify-content: space-between;"> <div> 1 Neat cement  <u>2 Cement grout</u> </div> <div> 3 Bentonite  4 Other </div> </div>																																	
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.																																	
What is the nearest source of possible contamination:																																	
<div style="display: flex; justify-content: space-between;"> <div> <u>1 Septic tank</u>  2 Sewer lines  3 Watertight sewer lines  4 Lateral lines  5 Cess pool  6 Seepage pit </div> <div> 7 Pit privy  8 Sewage lagoon  9 Feedyard </div> <div> 10 Livestock pens  11 Fuel storage  12 Fertilizer storage  13 Insecticide storage  14 Abandoned water well  15 Oil well/Gas well  16 Other (specify below) </div> </div>																																	
Direction from well? <u>West</u> How many feet? <u>50'</u>																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>1</u></td> <td><u>Topsoil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>1</u></td> <td><u>4</u></td> <td><u>Sandstone</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>4</u></td> <td><u>65</u></td> <td><u>Shale</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>1</u>	<u>Topsoil</u>				<u>1</u>	<u>4</u>	<u>Sandstone</u>				<u>4</u>	<u>65</u>	<u>Shale</u>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/26/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>528A</u> This Water Well Record was completed on (mo/day/yr) <u>11/27/90</u> under the business name of <u>CCC Water Well Drilling</u> by (signature) <u>B. Craig Brown</u>																																	
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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																	