

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>SUMNER</u>		<u>NW</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>1</u>	<u>T 34-S</u>	<u>R 1</u> <u>W</u>		
Distance and direction from nearest town or city? <u>3 MI NE SOUTH HAVEN</u>			Street address of well if located within city?				
2 WATER WELL OWNER:							
RR#, St. Address, Box # : <u>ROY COFFE FOX</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>LAUGAN, KS 67140</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>36</u> ft. Bore Hole Diameter: <u>7 1/8</u> 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)		
		7 Lawn and garden only	10 Observation well				
Well's static water level <u>15</u> ft. below land surface measured on . month . day . 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 <input checked="" type="checkbox"/> Clamped		
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded		
			7 Fiberglass		Threaded		
Blank casing dia . <u>5</u> in. to <u>35</u> 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:							
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement		
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)		
					12 None used (open hole)		
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)		
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes			
			7 Torch cut	10 Other (specify)			
Screen-Perforation Dia . in. to . ft. Dia . in. to . ft. Dia . in. to . ft.							
Screen-Perforated Intervals: From . <u>25</u> ft. to . <u>35</u> ft. From . ft. to . ft. From . ft. to . ft.							
Gravel Pack Intervals: From . <u>20</u> ft. to . <u>35</u> 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			
Direction from well . How many feet . ? Water Well Disinfected? Yes . No <input checked="" type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes . No <input checked="" type="checkbox"/> If yes, date sample was submitted . month . day . year Pump Installed? Yes . No <input checked="" type="checkbox"/>							
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 . <u>MAY</u> month . <u>8</u> day . <u>1979</u> year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .							
This Water Well Record was completed on . month . day . year under the business name of . by (signature) <u>C. J. Drilling</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	12	BRN CLAY			
		12	30	SAND			
		30	36	GRAVEL			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>30</u> 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.							