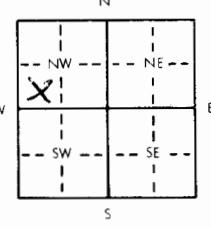


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>SUMNER</u>		<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ $\frac{1}{4}$	<u>30</u>	<u>T 34-S</u>	<u>R 1 EW</u>		
Distance and direction from nearest town or city? <u>3 MI NW SOUTH HAVEN</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>ROY COTTLE</u>							
RR#, St. Address, Box # : <u>RT 2</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>CARDWELL, IL</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>79</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>10</u> ft., and <u>7 1/2</u> in. to <u>79</u> ft.							
Well Water to be used as:							
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 5 Public water supply			
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 6 Oil field water supply			
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 8 Air conditioning		<input type="checkbox"/> 11 Injection well			
<input type="checkbox"/> 9 Dewatering		<input type="checkbox"/> 12 Other (Specify below)		<input type="checkbox"/> 10 Observation well			
Well's static water level: <u>9</u> ft. below land surface measured on <u>30</u> month <u>AUG.</u> day <u>1979</u> year							
Pump Test Data: Well water was <u>30</u> ft. after <u>30</u> hours pumping <u>30</u> gpm							
Est. Yield: Well water was <u>30</u> ft. after <u>30</u> hours pumping <u>30</u> gpm							
4 TYPE OF BLANK CASING USED:							
<input checked="" type="checkbox"/> Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron			
<input checked="" type="checkbox"/> PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement			
<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 Concrete tile		<input type="checkbox"/> 9 Other (specify below)			
Blank casing dia: <u>8 1/2</u> in. to <u>10</u> ft., Dia: <u>5</u> in. to <u>39</u> ft., Dia: <u>5</u> in. to <u>39</u> ft., Dia: <u>5</u> in. to <u>39</u> ft.							
Casing height above land surface: <u>12</u> in., weight <u>39</u> lbs./ft. Wall thickness or gauge No. <u>39</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass			
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile			
<input type="checkbox"/> 7 PVC		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 11 Other (specify)			
<input type="checkbox"/> 12 None used (open hole)		<input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> 11 Other (specify)			
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			
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut		<input type="checkbox"/> 11 None (open hole)			
Screen-Perforation Dia: <u>39</u> in. to <u>79</u> ft., Dia: <u>39</u> in. to <u>79</u> ft., Dia: <u>39</u> in. to <u>79</u> ft.							
Screen-Perforated Intervals: From <u>39</u> ft. to <u>79</u> ft., From <u>39</u> ft. to <u>79</u> ft., From <u>39</u> ft. to <u>79</u> ft.							
Gravel Pack Intervals: From <u>10</u> ft. to <u>79</u> ft., From <u>10</u> ft. to <u>79</u> ft., From <u>10</u> ft. to <u>79</u> ft.							
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 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			
<input type="checkbox"/> 10 Fuel storage		<input checked="" type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 15 Oil well/Gas well			
<input type="checkbox"/> 11 Fertilizer storage		<input type="checkbox"/> 12 Insecticide storage		<input type="checkbox"/> 16 Other (specify below)			
<input type="checkbox"/> 13 Watertight sewer lines		<input type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 15 Oil well/Gas well			
Direction from well: <u>WEST</u> How many feet: <u>75</u> ? Water Well Disinfected? Yes <u>30</u> No <u>30</u>							
Was a chemical/bacteriological sample submitted to Department? Yes <u>30</u> No <u>30</u> If yes, date sample was submitted: <u>30</u> month <u>30</u> day <u>30</u> year: Pump Installed? Yes <u>30</u> No <u>30</u>							
If Yes: Pump Manufacturer's name: <u>30</u> Model No.: <u>30</u> HP: <u>30</u> Volts: <u>30</u>							
Depth of Pump Intake: <u>30</u> ft. Pumps Capacity rated at: <u>30</u> gal./min.							
Type of pump: <u>30</u> 1 Submersible <u>30</u> 2 Turbine <u>30</u> 3 Jet <u>30</u> 4 Centrifugal <u>30</u> 5 Reciprocating <u>30</u> 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on <u>AUG</u> month <u>30</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. <u>30</u>							
This Water Well Record was completed on <u>30</u> month <u>30</u> day <u>30</u> year under the business name of <u>30</u> by (signature) <u>30</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>4</u>	<u>SURFACE CLAY</u>			
		<u>4</u>	<u>79</u>	<u>SHALE</u>			
ELEVATION:							
Depth(s) Groundwater Encountered		1. <u>35</u> ft.	2. <u>67</u> ft.	3. <u>30</u> ft.	4. <u>30</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.