

1 LOCATION OF WATER WELL  
 County: Jewell Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 26 Township Number T 3 S Range Number R 10 E  
 Distance and direction from nearest town or city? 3 3/4 Esbon Street address of well if located within city?

2 WATER WELL OWNER: JOHN FROST  
 RR#, St. Address, Box #: RR Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Esbon, Kansas Application Number:

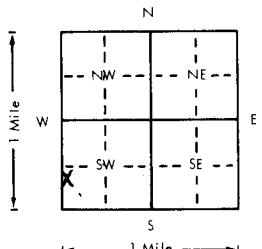
3 DEPTH OF COMPLETED WELL: 35 ft. Bore Hole Diameter: 8 in. to 3.5 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic  Feedlot  Oil field water supply  Air conditioning  Injection well  
 Irrigation  Industrial  Lawn and garden only  Dewatering  Other (Specify below)  
 Well's static water level: 15 ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was 30 ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 10 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  6 Asbestos-Cement  9 Other (specify below)  Welded \_\_\_\_\_  
 2 PVC  4 ABS  7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing dia. 5 in. to 1.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 1.4 in., weight 22.9 lbs./ft. Wall thickness or gauge No. 21.4  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 1 Continuous slot  3 Mill slot  6 Wire wrapped  8 Saw cut  11 None (open hole)  
 2 Louvered shutter  4 Key punched  7 Torch cut  9 Drilled holes  
 Screen-Perforation Dia. 5 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 15 ft. to 35 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 12 ft. to 35 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 0 ft. to 12 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) \_\_\_\_\_  
 Direction from well: N.E. How many feet: 20? Water Well Disinfected? Yes  No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes \_\_\_\_\_ No   
 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 \_\_\_\_\_ day \_\_\_\_\_ year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 165  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of MARUHN Well Drilling by (signature) Jerry Maruhn

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Top soil & clay			
10	21	broken rocks			
21	27	Chalk			
27	35	Shale			

ELEVATION:  
 Depth(s) Groundwater Encountered 1.15 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.