

1 LOCATION OF WATER WELL
 County: **REPUBLIC** Fraction: **NE 1/4 NE 1/4 SW 1/4** Section Number: **22** Township Number: **T 4 S** Range Number: **R 4 E**
 Distance and direction from nearest town or city? **1 1/2 E NORWAY** Street address of well if located within city?

2 WATER WELL OWNER: **LESTER THOMPSON**
 RR#, St. Address, Box #: **SCANDIA, KANSAS 66966** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **SCANDIA, KANSAS 66966** Application Number:

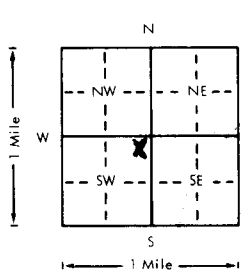
3 DEPTH OF COMPLETED WELL: **49** ft. Bore Hole Diameter: **30** in. to **49** ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Well's static water level: **22** ft. below land surface measured on _____ 3 month _____ 14 day _____ 80 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **750** 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: **14** in. to **36** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **30** lbs./ft. Wall thickness or gauge No: **3/4"**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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: **14** in. to **49** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From: **36** ft. to **49** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From: **10** ft. to **49** ft., 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: **0** ft. to **10** 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 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well: **SW** How many feet: **1200** ? 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 **X** No _____
 If Yes: Pump Manufacturer's name: **WESTERN LANDROLLIER** Model No. **270 CH** HP **20** Volts **240**
 Depth of Pump Intake: **48** ft. Pumps Capacity rated at: **750** 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 **March** month **14** day **1980** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359**
 This Water Well Record was completed on _____ 4 month _____ 1 day **1980** year under the business name of **Daryl By** by (signature)

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



| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|----------------|------|----|----------------|
| 0 | 3 | TOPSOIL | | | |
| 3 | 28 | BROWN CLAY | | | |
| 28 | 36 | GRAVEL | | | |
| 36 | 47 | COARSE GRAVEL | | | |
| 47 | 49 | YELLOW CLAY | | | |
| 49 | | STOP | | | |

ELEVATION: **1213**

Depth(s) Groundwater Encountered 1. _____ 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.