

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Cloud	SW 1/4 NE 1/4 NE 1/4	35	T 5 S	R 2 W EW

Distance and direction from nearest town or city? **3 East - 1/2 North** Street address of well if located within city?
of Rice

2 WATER WELL OWNER: **Mrs. W. T. Wright** c/o **David Bunker - Trust Dept.**
 RR#, St. Address, Box #: **c/o First National Bank of Topeka** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Box 88, Topeka, Kansas 66601** Application Number: **31,108**

3 DEPTH OF COMPLETED WELL: **68** ft. Bore Hole Diameter: **32** in. to **68** ft. and _____ in. to _____ ft.
 Well Water to be used as:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 X 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **23** ft. below land surface measured on **December** month **26** day **1979** year
 Pump Test Data: Well water was **40** ft. after **1** hours pumping **1000** gpm
 Est. Yield **1200** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

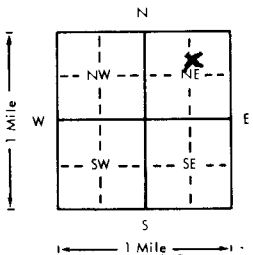
4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) X 6 Asbestos-Cement 8 Concrete tile Casing Joints: Glued _____ Clamped X
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
 Threaded _____
 Blank casing dia: **16** in. to **42** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **34** lbs./ft. Wall thickness or gauge: **3/4**"

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) X 10 Asbestos-cement
 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 5 Gauzed wrapped X 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: **16** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **42** ft. to **68** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **10** ft. to **68** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement X 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: **None**
 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 X
 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 Land Roller** Model No. **6 H** HP **50** Volts **480**
 Depth of Pump Intake **57** ft. Pumps Capacity rated at **700** gal./min.
 Type of pump: 1 Submersible X 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 **December** month **26** day **1979** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361**
 This Water Well Record was completed on **March 25**, month **25** day **1980** year under the business
 name of **Cox - Beswick Irrigation Service, Inc.** by (signature) **Francis Cox**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	23	Top soil & clay		
	23	28	Sand & gravel			
	28	42	Gravel			
	42	50	Clay & gravel			
	50	69	Gravel			
	69		Shale			



ELEVATION: **320**

Depth(s) Groundwater Encountered 1. **28** ft. 2. **50** 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.

OFFICE USE ONLY
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100