

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Cloud		NE 1/4 NW 1/4 NW 1/4	21	T 5 S	R 3-W EW
Distance and direction from nearest town or city? 2 M North 1/2 M East of Concordia			Street address of well if located within city?		

2 WATER WELL OWNER: Mrs. Charles Bray		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: Route 2		
City, State, ZIP Code: Concordia, KS. 66901		

3 DEPTH OF COMPLETED WELL: 34' ft. Bore Hole Diameter: 8" in. to 34' ft., and _____ in. to _____ ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: 25' ft. below land surface measured on June month 3 day 1981 year	
Pump Test Data	Well water was: 34' ft. after 3/4 hours pumping 7 gpm
Est. Yield 7 gpm	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: 5" in. to 24' ft., Dia _____ in. to _____ ft.				
Casing height above land surface: 12 in., weight 3 lbs./ft. Wall thickness or gauge No. .258				
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC	10 Asbestos-cement	
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:		5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	
Screen-Perforation Dia: 5" in. to _____ ft., Dia _____ in. to _____ ft.				
Screen-Perforated Intervals:	From 24' ft. to 34' ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
Gravel Pack Intervals:	From 10' ft. to 34' ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

5 GROUT MATERIAL:		1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	3 Bentonite	4 Other _____
Grouted Intervals: From 0 ft. to 10' ft.					
What is the nearest source of possible contamination: NA					
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	NONE	
Direction from well _____ How many feet _____		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on June month 3 day 1981 year.					
This Water Well Record was completed on June month 5 day 1981 year under the business name of Cox-Beswick Irrigation Service, Inc. by (signature) <i>Francis Cox</i>					

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Top Soil			
	3	29	Clay			
	29	30	Clay & Sand			
	30	34	Gravel			

ELEVATION:	Depth(s) Groundwater Encountered 1. 30' ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.	(Use a second sheet if needed)
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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

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EW

SEC

NE 1/4 NW 1/4 SW 1/4 SE 1/4