

LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <b>CLOUD</b>		SE 1/4 SE 1/4 SE 1/4		<b>7 18</b>		T 5 S		R 4W E/W	
Distance and direction from nearest town or city? <b>2 M West 1 M North, 3/4 M East of Jamestown</b>				Street address of well if located within city?					
WATER WELL OWNER: <b>Stanley McMillian</b>									
R#, St. Address, Box # : <b>Route 1</b>				Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>Jamestown, KS. 66948</b>				Application Number:					
DEPTH OF COMPLETED WELL: <b>42</b> ft. Bore Hole Diameter: <b>8"</b> in. to <b>42</b> ft., and . . . in. to . . . ft.									
Well Water to be used as:									
<input checked="" type="checkbox"/> 1 Domestic    3 Feedlot    5 Public water supply    8 Air conditioning    11 Injection well <input type="checkbox"/> 2 Irrigation    4 Industrial    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="checkbox"/> 7 Lawn and garden only    10 Observation well									
Well's static water level: <b>20'</b> ft. below land surface measured on <b>May</b> month <b>7</b> day <b>1981</b> year									
Pump Test Data: Well water was <b>40</b> ft. after <b>3/4</b> hours pumping. <b>20</b> <b>14</b> gpm									
St. Yield: <b>12</b> gpm: Well water was . . . ft. after . . . hours pumping . . . gpm									
TYPE OF BLANK CASING USED:									
<input type="checkbox"/> 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    Casing Joints: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded . . . <input type="checkbox"/> 7 Fiberglass    Threaded . . .									
Blank casing dia: <b>5"</b> in. to <b>22</b> ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Casing height above land surface: <b>12</b> in., weight <b>3</b> lbs./ft. Wall thickness or gauge No. <b>258</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="checkbox"/> 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement <input type="checkbox"/> 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) . . . <input type="checkbox"/> 12 None used (open hole)									
Screen or Perforation Openings Are:									
<input type="checkbox"/> 1 Continuous slot    3 Mill slot    5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut    11 None (open hole) <input type="checkbox"/> 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes <input type="checkbox"/> 7 Torch cut    10 Other (specify) . . .									
Screen-Perforation Dia: <b>5"</b> in. to . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Screen-Perforated Intervals: From <b>22</b> ft. to <b>42</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
Travel Pack Intervals: From <b>10</b> ft. to <b>42</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout    3 Bentonite    4 Other . . .									
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
What is the nearest source of possible contamination:									
<input type="checkbox"/> 1 Septic tank    4 Cess pool    7 Sewage lagoon    10 Fuel storage    14 Abandoned water well <input type="checkbox"/> 2 Sewer lines    5 Seepage pit    8 Feed yard    11 Fertilizer storage    15 Oil well/Gas well <input type="checkbox"/> 3 Lateral lines    6 Pit privy <input checked="" type="checkbox"/> 9 Livestock pens    12 Insecticide storage    16 Other (specify below) <input type="checkbox"/> 13 Watertight sewer lines									
Direction from well: <b>West</b> How many feet: <b>80 = 100'</b> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No									
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample									
Was submitted . . . month . . . day . . . year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .									
Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . gal./min.									
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was									
Completed on <b>May</b> month <b>7</b> day <b>1981</b> year									
And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>361</b>									
This Water Well Record was completed on <b>May</b> month <b>27</b> day <b>1981</b> year under the business									
Name of <b>Cox-Beswick Irrigation Service, Inc.</b> by (signature) <i>Francis Cox</i>									
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
ELEVATION: <b>1403</b>									
Depth(s) Groundwater Encountered 1. <b>20'</b> 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.									