

LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number																					
County: <u>Thomas</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>2</u>	<u>T 8 S</u>	<u>R 35 E</u>																					
Distance and direction from nearest town or city? <u>In Lawrence, Mo.</u>			Street address of well if located within city?																							
WATER WELL OWNER: <u>Lowell Hatfield</u>																										
R#, St. Address, Box #			Board of Agriculture, Division of Water Resources																							
City, State, ZIP Code: <u>Lawrence, Mo.</u>			Application Number:																							
DEPTH OF COMPLETED WELL: <u>197</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>Bottom</u> ft., and _____ in. to _____ ft.																										
Well Water to be used as:																										
1 Domestic		5 Public water supply	8 Air conditioning	11 Injection well																						
3 Feedlot		6 Oil field water supply	9 Dewatering	12 Other (Specify below)																						
2 Irrigation		7 Lawn and garden only	10 Observation well																							
Well's static water level: <u>143</u> ft. below land surface measured on _____ month _____ day _____ year																										
Pump Test Data																										
St. Yield _____ gpm		Well water was _____ ft. after _____ hours pumping _____ gpm	Well water was _____ ft. after _____ hours pumping _____ gpm																							
TYPE OF BLANK CASING USED:																										
1 Steel		5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____																						
3 RMP (SR)		6 Asbestos-Cement	9 Other (specify below)	Welded _____																						
2 PVC		7 Fiberglass		Threaded _____																						
4 ABS																										
Blank casing dia: <u>5</u> in. to <u>187</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																										
Casing height above land surface: <u>12</u> in., weight <u>160 PSL</u> lbs./ft. Wall thickness or gauge No _____																										
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)																					
			9 ABS	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: <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																										
Screen-Perforated Intervals:																										
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.																					
Travel Pack Intervals:																										
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.																					
GROUT MATERIAL:																										
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____																						
Grouted Intervals: From _____ ft. to _____ 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)																					
				13 Watertight sewer lines																						
Direction from well: <u>W</u> How many feet: <u>30</u> ? Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>																										
Has a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample submitted _____ month _____ day _____ year																										
Pump Installed? Yes _____ No _____																										
Yes: Pump Manufacturer's name: <u>Boulders</u> Model No. _____ HP <u>3/4</u> Volts <u>230</u>																										
Depth of Pump Intake: <u>187</u> ft. Pumps Capacity rated at <u>10</u> gal./min.																										
Type of pump: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input type="checkbox"/> Reciprocating <input type="checkbox"/> Other																										
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) <u>reconstructed</u> , 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. <u>214</u>																										
His Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Blue Jay Dr. Co Inc</u> by (signature) <u>John Hall</u>																										
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG																						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> <tr> <td><u>0</u></td> <td><u>115</u></td> <td><u>Top Soil</u></td> </tr> <tr> <td><u>115</u></td> <td><u>135</u></td> <td><u>M.G. S.C.</u></td> </tr> <tr> <td><u>135</u></td> <td><u>155</u></td> <td><u>"</u></td> </tr> <tr> <td><u>155</u></td> <td><u>175</u></td> <td><u>"</u></td> </tr> <tr> <td><u>175</u></td> <td><u>195</u></td> <td><u>"</u></td> </tr> <tr> <td><u>195</u></td> <td><u>200</u></td> <td><u>Shale</u></td> </tr> </table>		FROM	TO	LITHOLOGIC LOG	<u>0</u>	<u>115</u>	<u>Top Soil</u>	<u>115</u>	<u>135</u>	<u>M.G. S.C.</u>	<u>135</u>	<u>155</u>	<u>"</u>	<u>155</u>	<u>175</u>	<u>"</u>	<u>175</u>	<u>195</u>	<u>"</u>	<u>195</u>	<u>200</u>	<u>Shale</u>		
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ELEVATION:		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.