

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <b>Thomas</b>		<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>3</b>	<b>T 8 S</b>	<b>R 36 EW</b>
Distance and direction from nearest town or city?			Street address of well if located within city?		
<b>3E 1 1/2 N 3/4 W of Brewster</b>					
2 WATER WELL OWNER: <b>Earl Dawes</b>					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
<b>Brewster, Kansas 67732</b>			Application Number:		
3 DEPTH OF COMPLETED WELL: <b>191</b> ft. Bore Hole Diameter: <b>8</b> in. to <b>191</b> ft., and . . . in. to . . . ft.					
Well Water to be used as:					
<input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial		<input type="radio"/> 5 Public water supply <input type="radio"/> 6 Oil field water supply <input type="radio"/> 7 Lawn and garden only		<input type="radio"/> 8 Air conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Observation well <input type="radio"/> 11 Injection well <input type="radio"/> 12 Other (Specify below)	
Well's static water level: <b>85</b> ft. below land surface measured on <b>3</b> month <b>22</b> day <b>1980</b> year					
Pump Test Data: Well water was . . . ft. after . . . hours pumping . . . gpm					
Est. Yield <b>Not tested</b> gpm: Well water was . . . ft. after . . . hours pumping . . . gpm					
4 TYPE OF BLANK CASING USED:					
<input type="radio"/> 1 Steel <input type="radio"/> 2 PVC <input checked="" type="radio"/> 3 RMP (SR) <input type="radio"/> 4 ABS		<input type="radio"/> 5 Wrought iron <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 7 Fiberglass		<input type="radio"/> 8 Concrete tile <input type="radio"/> 9 Other (specify below) Casing Joints: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Blank casing dia: <b>5</b> in. to <b>171</b> ft. Dia: . . . in. to . . . ft. Dia: . . . in. to . . . ft.					
Casing height above land surface: <b>18</b> in., weight <b>18/10</b> lbs./ft. Wall thickness or gauge No. <b>1250</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> 1 Steel <input type="radio"/> 2 Brass <input type="radio"/> 3 Stainless steel <input type="radio"/> 4 Galvanized steel		<input type="radio"/> 5 Fiberglass <input type="radio"/> 6 Concrete tile <input checked="" type="radio"/> 7 PVC <input checked="" type="radio"/> 8 RMP (SR) <input type="radio"/> 9 ABS		<input type="radio"/> 10 Asbestos-cement <input type="radio"/> 11 Other (specify) <input type="radio"/> 12 None used (open hole)	
Screen or Perforation Openings Are:					
<input type="radio"/> 1 Continuous slot <input type="radio"/> 2 Louvered shutter <input type="radio"/> 3 Mill slot <input type="radio"/> 4 Key punched		<input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 6 Wire wrapped <input type="radio"/> 7 Torch cut		<input checked="" type="radio"/> 8 Saw cut <input type="radio"/> 9 Drilled holes <input type="radio"/> 10 Other (specify) <input type="radio"/> 11 None (open hole)	
Screen-Perforation Dia: <b>5</b> in. to <b>171-191</b> ft. Dia: . . . in. to . . . ft. Dia: . . . in. to . . . ft.					
Screen-Perforated Intervals: From <b>171</b> ft. to <b>191</b> ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
Gravel Pack Intervals: From <b>18</b> ft. to <b>191</b> ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
5 GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other					
Grouted Intervals: From <b>4</b> ft. to <b>18</b> ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> 1 Septic tank <input type="radio"/> 2 Sewer lines <input type="radio"/> 3 Lateral lines		<input type="radio"/> 4 Cess pool <input type="radio"/> 5 Seepage pit <input type="radio"/> 6 Pit privy		<input type="radio"/> 7 Sewage lagoon <input type="radio"/> 8 Feed yard <input type="radio"/> 9 Livestock pens <input type="radio"/> 10 Fuel storage <input type="radio"/> 11 Fertilizer storage <input type="radio"/> 12 Insecticide storage <input type="radio"/> 13 Watertight sewer lines <input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/Gas well <input type="radio"/> 16 Other (specify below)	
Direction from well: <b>None is Sight</b> How many feet . . . ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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"/>					
If Yes: Pump Manufacturer's name . . . Model No. . . HP . . . Volts . . .					
Depth of Pump Intake: <b>Windmill well</b> ft. Pumps Capacity rated at . . . gal./min.					
Type of pump: <input type="radio"/> 1 Submersible <input type="radio"/> 2 Turbine <input type="radio"/> 3 Jet <input type="radio"/> 4 Centrifugal <input type="radio"/> 5 Reciprocating <input type="radio"/> 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>5</b> month <b>22</b> day <b>1980</b> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>139</b>					
This Water Well Record was completed on <b>9</b> month <b>3</b> day <b>1980</b> year under the business name of <b>Bartell Drilling</b> by (signature) <b>Joyce Bartell</b>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 44 Top Soil			
		44 65 Sand & Clay Strips			
		65 155 Sand Sand Rock Strips			
		155 170 Sand Rock			
		170 189 Sand & Sand Rock Strips			
		189 190 OKene Shale			
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.					

OFFICE USE ONLY

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36

EW

SEC.

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SW 1/4 SW 1/4 NE 1/4