

1 LOCATION OF WATER WELL
 County: Rooks Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 35 Township Number T 9 S Range Number R 18 E/W

Distance and direction from nearest town or city? _____ Street address of well if located within city? 603 South Commercial, Plainville, Kansas

2 WATER WELL OWNER: Ronald Hamel
 RR#, St. Address, Box # : 803 South Commercial
 City, State, ZIP Code : Plainville, Kansas 67663
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 9 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as: 7 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)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: 42 ft. below land surface measured on September month 4 day 1980 year
 Pump Test Data: Well water was 45 ft. after 1 hours pumping. 15 gpm
 Est. Yield: 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED: 2 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia: 5 in. to 55 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 16 in. weight 200 lbs./ft. Wall thickness or gauge No. 21

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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: 8 5 Gauzed wrapped 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 65 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 55 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 50 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 1 Neat cement 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 _____
 Has a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on September month 4 day 1980 year.
 I certify this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199
 This Water Well Record was completed on September month 5 day 1980 year under the business name of Karst Water Well Service by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Topsoil			
	3	54	Yellow clay			
	54	61	Sand			
	61	65	Blue shale			

Depth(s) Groundwater Encountered 1. 54 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 one for your records.

OFFICE USE ONLY
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18
E/W
35
SW 1/4 SW 1/4 NW 1/4