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OFFICE USE ONLY  
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27  
SEC  
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50 1/4  
50 1/4  
50 1/4

1 LOCATION OF WATER WELL  
 County: Sheridan Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 34 Township Number T 9 S Range Number R 27 EW

Distance and direction from nearest town or city? 7N. 3E of PARK  
 Street address of well if located within city?

2 WATER WELL OWNER: Jerome Bortz  
 RR#, St. Address, Box #: PARK, KA 1345 67751  
 City, State, ZIP Code  
 Board of Agriculture, Division of Water Resources  
 Application Number:

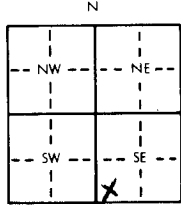
3 DEPTH OF COMPLETED WELL 145 ft. Bore Hole Diameter 8 in. to 145 ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)  
 Well's static water level 63 ft. below land surface measured on 10 month 10 day 78 year  
 Pump Test Data NA Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . .  
 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped . . . . .  
 Blank casing dia 5 in. to 125 ft., Dia 1 3/10 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface 15 in., weight 13.10 lbs./ft. Wall thickness or gauge No. 250  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 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 5 in. to 20 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From 125 ft. to 145 ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 18 ft. to 145 ft., From . . . . . ft. to . . . . . ft.

5 GROUT MATERIAL:  1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From 7 ft. to 18 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination? DATA  
 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 west How many feet 1320? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No . . . . . If yes, date sample  
 was submitted . . . . . month . . . . . day . . . . . year Pump Installed? Yes  No  
 If Yes: Pump Manufacturer's name S & B Model No. HP 1/2 Volts 230  
 Depth of Pump Intake 90 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) constructed,  (2) reconstructed, or  (3) plugged under my jurisdiction and was  
 completed on 10 month 10 day 78 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 139  
 This Water Well Record was completed on 7 month 31 day 78 year under the business  
 name of Bartell Drilling 139 by (signature) Joyce Bartell

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	30	Top Soil			
30	65	Sandy Clay			
65	76	SANDY SANDY CLAY STRIPS			
76	97	SANDY CLAY STRIPS			
97	124	SANDY			
124	141	SANDY CLAY & SAND STRIPS			
141	144	OKer			
144	145	SHALE			

BROCK 141'

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.