

1 LOCATION OF WATER WELL  
 County: **Sheridan** Fraction **NW 1/4 NW 1/4 NW 1/4** Section Number **B 15** Township Number **T 9 S** Range Number **R 29**

Distance and direction from nearest town or city? **4S - 2E from Sequin**  
 Street address of well if located within city?

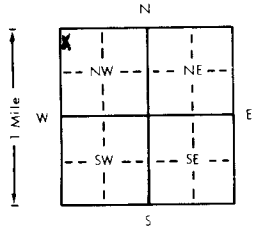
2 WATER WELL OWNER: **Ray Bange**  
 RR#, St. Address, Box # :  
 City, State, ZIP Code: **Menlo, Kansas**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL **160** ft. Bore Hole Diameter: **20** in. to . . . . . ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level: **70** ft. below land surface measured on **9** month **14** day **75** year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield **525** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . . . Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded **X**  
 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing dia: **12 3/4** in. to **100** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: **12** in., weight . . . . . lbs./ft. Wall thickness or gauge No. **.188**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 7 Torch cut 10 Other (specify) . . . . .  
 Screen-Perforation Dia: **12 3/4** in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From **100** ft. to **160** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From **10** ft. to **160** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

5 GROUT MATERIAL: 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:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) **None**  
 Direction from well . . . . . How many feet . . . . . ? Water Well Disinfected? Yes . . . . . No **X**  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No **X** . . . . . If yes, date sample  
 was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes **X** . . . . . No . . . . .  
 If Yes: Pump Manufacturer's name: **Hydro** Model No. **10CL** . . . . . HP **60** . . . . . Volts . . . . .  
 Depth of Pump Intake: **155** ft. Pumps Capacity rated at **525** 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 **11** month **3** day **75** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **214**  
 This Water Well Record was completed on **8** month **28** day **80** year under the business  
 name of **BLUE JAY DRILLING CO. INC.** by (signature) *Theresa Roll*

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	75	top soil			
75	95	med gravel sandy clay			
95	110	med gravel			
110	130	sandy clay			
130	160	med gravel			
160	162	ochra shale			

  
 ELEVATION: **Upland**

Depth(s) Groundwater Encountered 1. **70** 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  
T  
9  
R  
29  
SEC  
15  
NW 1/4 NW 1/4 NW 1/4