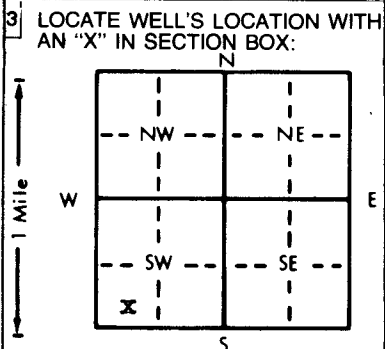


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1 LOCATION OF WATER WELL: County: **Clay** Fraction: **SE 1/4 SW 1/4 SW 1/4** Section Number: **17** Township Number: **T 10 S** Range Number: **R 1 E**

Distance and direction from nearest town or city street address of well if located within city?
1 West of Longford

2 WATER WELL OWNER: **City of Longford**
 RR#, St. Address, Box #: **Longford,**
 City, State, ZIP Code: **Kansas 67458**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **100** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **75** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **NA** ft. after hours pumping gpm
 Est. Yield: **55** gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **15** in. to **100** in. to in. to in. to ft.
 WELL WATER TO BE USED AS: **XXX** 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
 Was a chemical/bacteriological sample submitted to Department? Yes **XX** No ; If yes, mo/day/yr sample was submitted **Upon completion** Water Well Disinfected? Yes **XXX** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **XXX** Clamped
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter: **6** in. to **60** in. Dia. in. to ft., Dia. in. to ft.
 Casing height above land surface: **-36"** in., weight **3.57** lbs./ft. Wall thickness or gauge No. **.280**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **XXX** 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:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **XXX** 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-PERFORATED INTERVALS: From **40** ft. to **100** ft. From ft. to ft.
 From ft. to ft. From ft. to ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **100** ft. From ft. to ft.
 From ft. to ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement **XXX** 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **4** ft. to **24** ft. From ft. to ft. From ft. to ft.
 What is the nearest source of possible contamination: **XXX** 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **East** How many feet? **2000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	topsoil			
4	9	2/ brown clay			
9	15	23 sandrock			
15	31	brown clay			
31	70	9/ blue clay			
70	100	23 sandrock			
100		stop			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **XX** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **8/27/1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359** This Water Well Record was completed on (mo/day/yr) **10/15/1985** 1984 under the business name of **Daryl Cox & Sons Inc.** by (signature) *Daryl Cox*

INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underlining or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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