

<b>LOCATION OF WATER WELL:</b>		<b>Fraction</b>	<b>Section Number</b>	<b>Township Number</b>	<b>Range Number</b>
County: <u>Lyon</u>		<u>NE 1/4 SW 1/4 SW 1/4</u>	<u>34</u>	<u>T 16 S</u>	<u>R 12 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/2 mi. S.E. of Admire</u>					
<b>WATER WELL OWNER:</b>					
RR#, St. Address, Box # : <u>Rt. 1, Box 83</u>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>Admire, KS, 66830</u>		Application Number:			
<b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>DEPTH OF COMPLETED WELL:</b> <u>18 1/2</u> ft. <b>ELEVATION:</b> .....			
		Depth(s) Groundwater Encountered 1. <u>9</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>8 1/2</u> ft. below land surface measured on mo/day/yr <u>6-21-83</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>8</u> gpm; Well water was ..... ft. after ..... hours pumping ..... gpm			
Bore Hole Diameter <u>6</u> in. to <u>18 1/2</u> ft., and, ..... in. to ..... ft.					
<b>WELL WATER TO BE USED AS:</b>		5 Public water supply      8 Air conditioning      11 Injection well <input checked="" type="radio"/> 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.....No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
<b>TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS:</b> Glued <input checked="" type="checkbox"/> Clamped			
1 Steel                  3 RMP (SR) <input checked="" type="radio"/> PVC                4 ABS		5 Wrought iron      8 Concrete tile      Welded 6 Asbestos-Cement      9 Other (specify below)      Threaded			
Blank casing diameter <u>5</u> in. to <u>18 1/2</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.					
Casing height above land surface <u>66</u> in., weight <u>2.33</u> lbs./ft. Wall thickness or gauge No. <u>2.14</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<input checked="" type="radio"/> PVC      10 Asbestos-cement			
1 Steel                  3 Stainless steel      5 Fiberglass      8 RMP (SR) 2 Brass                4 Galvanized steel      6 Concrete tile      9 ABS		11 Other (specify) ..... 12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		5 Gauzed wrapped <input checked="" type="radio"/> 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) .....			
<b>SCREEN-PERFORATED INTERVALS:</b>		From <u>8 1/2</u> ft. to <u>18 1/2</u> ft., From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS:		From <u>8</u> ft. to <u>18 1/2</u> ft., From ..... ft. to ..... ft.			
<b>GROUT MATERIAL:</b>		1 Neat cement <input checked="" type="radio"/> Cement grout      3 Bentonite      4 Other ..... Grout Intervals: From <u>3 1/2</u> ft. to <u>8</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
What is the nearest source of possible contamination:		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 <u>check</u>			
Direction from well? <u>75' E. or N.</u>		How many feet? <u>75'</u>			
<b>FROM TO LITHOLOGIC LOG</b>		<b>FROM TO LITHOLOGIC LOG</b>			
<u>0 3 Top soil</u> <u>3 9 tan silt</u> <u>9 10 Tan clay</u> <u>10 12 Gravel</u> <u>12 18 1/2 Rock layerish Tan</u>		<u>Inspected 7-7-83</u> <u>D.P.</u>			
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-21-83</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>372</u> This Water Well Record was completed on (mo/day/yr) <u>6-26-83</u>					
under the business name of <u>Lespaguard Water Well Co. Inc.</u> by (signature) <u>George Lespaguard</u>					
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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.					