

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>LYON</u>		<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>10</u>	T <u>17</u> S	R <u>12</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3 1/2 SE of Admire</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>Admire, KS 66830</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>61</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>8</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>6 1/2</u> ft. below land surface measured on mo/day/yr <u>8-5-83</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>13</u> gpm; Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter <u>6</u> in. to <u>6 1/2</u> in. to ..... in. to ..... ft.			
		WELL WATER TO BE USED AS:			
		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.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....			
1 Steel		5 Wrought iron			
2 PVC		6 Asbestos-Cement			
3 RMP (SR)		7 Other (specify below)			
4 ABS		8 Concrete tile			
5 Fiberglass		9 Welded .....			
6 Threaded .....		10 Threaded .....			
Blank casing diameter <u>5</u> in. to <u>6 1/2</u> in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.					
Casing height above land surface <u>14</u> in. weight <u>2.33</u> lbs./ft. Wall thickness or gauge No. <u>2 1/4</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
1 Steel		10 Asbestos-cement			
2 Brass		11 Other (specify) .....			
3 Stainless steel		12 None used (open hole)			
4 Galvanized steel					
5 Fiberglass					
6 Concrete tile					
7 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut			
1 Continuous slot		11 None (open hole)			
2 Mill slot		9 Drilled holes			
3 Louvered shutter		10 Other (specify) .....			
4 Key punched					
SCREEN-PERFORATED INTERVALS:		From <u>8</u> ft. to <u>61</u> ft. From ..... ft. to ..... ft.			
		From ..... ft. to ..... ft. From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS:		From <u>7</u> ft. to <u>61</u> ft. From ..... ft. to ..... ft.			
		From ..... ft. to ..... ft. From ..... ft. to ..... ft.			
6 GROUT MATERIAL:		1 Neat cement			
		2 Cement grout			
		3 Bentonite			
		4 Other .....			
Grout Intervals: From <u>0</u> ft. to <u>7</u> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		Note: Water coming in at 8 ft.			
1 Septic tank		10 Livestock pens			
2 Sewer lines		11 Fuel storage			
3 Watertight sewer lines		12 Fertilizer storage			
4 Lateral lines		13 Insecticide storage			
5 Cess pool		14 Abandoned water well			
6 Seepage pit		15 Oil well/Gas well			
		16 Other (specify below)			
Direction from well? <u>North East</u>		How many feet? <u>100 ft.</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	8	Brown clay			
8	14	Tan sands & clay			
14	35	Gray shale			
35	36	" rock			
36	40	" shale			
40	42	" rock			
42	50	" shale			
50	58	" rock			
58	61	" shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-5-83</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>8-15-83</u> under the business name of <u>Lespagnard Water Well Contrs.</u> by (signature) <u>George J. Lespagnard</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 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.					