

<b>1 LOCATION OF WATER WELL:</b> County: <u>Marion</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>23</u>	Township Number <u>T 17 S</u>	Range Number <u>R 4 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>IN Lost Springs</u>					

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : City, State, ZIP Code :		<u>Dee Alvaraze</u> <u>P.O.</u> <u>Lost Springs, KS 66859</u>	Board of Agriculture, Division of Water Resources Application Number:
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	<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL:</b> <u>100</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>82</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>78</u> ft. below land surface measured on mo/day/yr <u>Apr 20 88</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>60</u> ft., and <u>6 1/2</u> in. to <u>100</u> ft. WELL WATER TO BE USED AS: ① Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      11 Injection well 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <u>Yes</u> No
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<b>5 TYPE OF BLANK CASING USED:</b>		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
② PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter <u>5</u> in. to <u>78</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>				
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		⑦ 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)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		5 Gauzed wrapped	⑧ 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>78</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.		
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
<b>GRAVEL PACK INTERVALS:</b>		From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft.		
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

<b>6 GROUT MATERIAL:</b>		① Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>3</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>What is the nearest source of possible contamination:</b>		① Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
		2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
		3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
					13 Insecticide storage
Direction from well? <u>North EAST</u> As Per Conversation with Darrel Plummer How many feet? <u>20</u>					

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil	62.5	63	LIME
3	12	Clay Yel	63	65.5	Shale Gray
12	19	Shale Lite	65.5	66	LIME Lite
19	23	LIME Yel	66	71	Red Rock
23	24	Shale Yel	71	75	LIME
24	25	LIME Yel	75	77	LIME Frac
25	32	Shale Yel	77	91	LIME Solid
32	36	LIME lite	91	98	Shale Gray CAL.
36	42	Shale Yel	98	100	LIME
42	48	LIME Lite			
48	50	Shale Lite			
50	51	LIME Lite			
51	54	Shale Gray			
54	55	LIME Lite			
55	62.5	Shale Blue			

<b>7 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>Apr 20 88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/yr) <u>Apr 30 88</u> under the business name of <u>Zinn Water Well Drlg</u> by (signature) <u>Joseph A. Zinn</u>	
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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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.