

1 LOCATION OF WATER WELL:		Fraction <u>057 NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>30</u>	Township Number <u>T 17 S</u>	Range Number <u>R 4 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 West &amp; 1 South of Lost Springs</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code		<u>Enneth Sroufe</u> <u>608 MAIN</u> <u>Garden Plain KS 67050</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>60</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1. Reconstruct</u> ft. 3. <u>Jan 29 95</u> ft.			
		WELL'S STATIC WATER LEVEL <u>31</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>3</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>26</u> ft., and <u>7</u> in. to <u>60</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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 _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued X</u> Clamped _____			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)			
Blank casing diameter <u>5</u> in. to <u>31</u> ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)			
SCREEN-PERFORATED INTERVALS:		From <u>31</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>NONE</u> ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		<input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other			
Grout Intervals: From <u>0</u> ft. to <u>26</u> ft., From _____ ft. to _____ ft.		What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage			
Direction from well?		How many feet? <u>20'</u>			
FROM	TO	LITHOLOGIC LOG		FROM	TO
		<u>Discussion with Richard Harper on Reconstruction at this location</u>  <u>No Log - Reconstruction</u>		PLUGGING INTERVALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) <u>reconstructed</u> , or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Jan 29 95</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>Feb 14 95</u> under the business name of <u>Zinn Water Well Dring</u> by (signature) <u>Joseph A. Zinn</u>					