

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Washington</u>	<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>26</u>	<u>T 1 S</u>	<u>R 3 E/W</u>

Distance and direction from nearest town or city street address of well if located within city?  
8 North, 1/2 West of Washington

2 WATER WELL OWNER: Washington Veterinarian Clinic  
 RR#, St. Address, Box # : 312 N B St. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Washington, KS. 66968 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>79'</u> ft. ELEVATION:	
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.	
	WELL'S STATIC WATER LEVEL ... <u>50</u> ... ft. below land surface measured on mo/day/yr <u>7/17/97</u>	
	Pump test data: Well water was .... ft. after .... hours pumping .... gpm	
	Est. Yield <u>1.0-1.5</u> gpm: Well water was .... ft. after .... hours pumping .... gpm	
	Bore Hole Diameter ... <u>10</u> ... in. to <u>79</u> ... ft., and ... 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 Monitoring well <u>Livestock</u>		
Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>*</u> .....; If yes, mo/day/yr sample was submitted		
Water Well Disinfected? Yes <u>*</u> No		

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

CASING JOINTS: Glued \* Clamped  
 Blank casing diameter ... 5 ... in. to 54 ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.  
 Casing height above land surface ... 18 ... in., weight ... 200 ... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
12 None used (open hole)				

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	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 ... 54 ... ft. to 64 ... ft., From ... ft. to ... ft.  
 From ... ft. to ... ft., From ... ft. to ... ft.

GRAVEL PACK INTERVALS: From ... 40 ... ft. to 79 ... 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 ... 0 ... ft. to ... 40 ... ft., From ... ft. to ... ft., From ... ft. to ... ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage				

Direction from well? None Present How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	8	Tan Clay			
8	15	Brown Silty Clay			
15	19	Light Gray Clay			
19	30	Yellow & Gray Clay			
30	39	Sandstone			
39	46	Sandstone & Brown Clay			
46	57	Yellow & Gray Clay			
57	62	Sandstone			
62	67	Light Gray Clay			
67	71	Red Clay			
71	76	Light Gray Clay			
76	81	Red & White Clay			
81	83	Limestone			

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) ... 7/17/97 ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 518 ... This Water Well Record was completed on (mo/day/yr) ... 7/20/97 ... under the business name of Blue Valley Drilling by (signature) [Signature]

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.