

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>GRAHAM</b>	<b>SE 1/4 SW 1/4 SW 1/4</b>	<b>10</b>	<b>T 10 S</b>	<b>R 25 E/W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**XXX 1/2 MILE WEST OF ST. PETER KS**

2 WATER WELL OWNER: **DALE DINKEL**  
 RR#, St. Address, Box # : **1338 E RD**  
 City, State, ZIP Code : **MORLAND KS 67650**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <b>5.5</b> ..... ft. ELEVATION: .....
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Depth(s) Groundwater Encountered 1 ..... **4.2** ..... ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... **4.2** ..... ft. below land surface measured on mo/day/yr ..... **7-14-04** .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... **1.5** ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Domestic (lawn & garden)	<input type="checkbox"/> 10 Monitoring well	<input type="checkbox"/> 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... **X.X.**; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes ..... No **XX**

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded .....
		<input type="checkbox"/> 7 Fiberglass		Threaded .....

Blank casing diameter ..... **5** ..... in. to ..... **3.5** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **1.8** ..... in., weight ..... **16.0** ..... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-Cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (Specify) .....
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... **3.5** ..... ft. to ..... **5.5** ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **3.0** ..... ft. to ..... **5.5** ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other .....

Grout Intervals: From ..... **0** ..... ft. to ..... **2.5** ..... ft., From ..... ft. to ..... 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 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? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	SURFACE CLAY			
5	25	HARD GRAY CLAY			
<del>11</del>					
<del>11</del>					
25	35	WHITE LIMESTONE			
35	50	MED SAND			
50	53	SOFT GRAY CLAY & SAND			
53	55	FLINT ROCK			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **7-14-04** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **444** ..... This Water Well Record was completed on (mo/day/yr) ..... **7-14-04** ..... under the business name of **ANDY ANDERSON DRILLING** by (signature) *Andy Anderson*

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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.