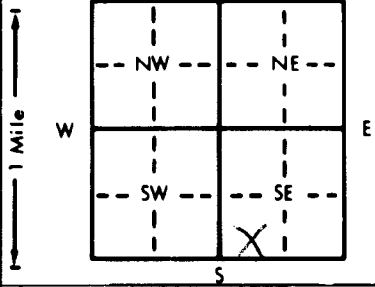


1 LOCATION OF WATER WELL: County: GOVE Fraction: NW 1/4 NW 1/4 SE 1/4 Section Number: 22 Township Number: T 11 S Range Number: R 26 EW

Distance and direction from nearest town or city street address of well if located within city?  
2 1/2 E of Quinter

2 WATER WELL OWNER: Howard L. Maxwell  
 RR#, St. Address, Box #: P.O. Box 145  
 City, State, ZIP Code: Quinter, KS 67752  
 Board of Agriculture, Division of Water Resources  
 Application Number: None

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 65 ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. 40 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:  
 Domestic     Feedlot     Oil field water supply     Dewatering     Other (Specify below)  
 Irrigation     Industrial     Lawn and garden only     Observation well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:  
 Steel     RMP (SR)     Asbestos-Cement     Other (specify below)     Welded  
 PVC     ABS     Fiberglass    \_\_\_\_\_     Threaded

Blank casing diameter: 5 in. to 6.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: \_\_\_\_\_ in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel     Stainless steel     Fiberglass     RMP (SR)     Asbestos-cement  
 Brass     Galvanized steel     Concrete tile     ABS     None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot     Mill slot     Wire wrapped     Drilled holes  
 Louvered shutter     Key punched     Torch cut     Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From 6.5 ft. to 5.0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  Neat cement     Cement grout     Bentonite     Other \_\_\_\_\_  
 Grout Intervals: From 0 ft. to 5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank     Lateral lines     Pit privy     Livestock pens     Abandoned water well  
 Sewer lines     Cess pool     Sewage lagoon     Fuel storage     Oil well/Gas well  
 Watertight sewer lines     Seepage pit     Feedyard     Fertilizer storage     Other (specify below)  
 \_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_     Insecticide storage

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
10	65	Plugging Method			
5	10	clean sand			
0	5	clay			
		Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 4-3-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/yr) 2-7-89 under the business name of \_\_\_\_\_ by (signature) Howard L. Maxwell

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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4