

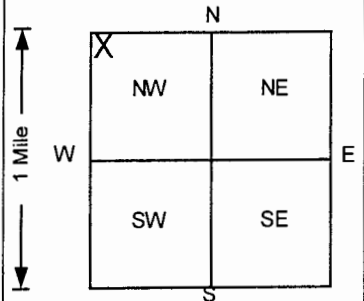
1 LOCATION OF WATER WELL: County: Gove	Fraction NW ¼ NW ¼ NW ¼	Section Number 32	Township Number T 11 S	Range Number R 26 E
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Distance and direction from nearest town or city street address of well if located within city?

I-70 and K-212, Quinter, Kansas

2 WATER WELL OWNER: **Jim Graham**
 RR#, St. Address, Box # : **P.O. Box 398**
 City, State, ZIP Code : **Quinter, Kansas 67752**
 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 **100** ft ELEVATION: **0** ft

Depth(s) Groundwater Encountered 1. **75** 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 **NA** ft. after hours pumping gpm

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

Bore Hole Diameter **8** in. to **100** ft, and in. to ft

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

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

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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded

2 PVC 4 ABS 7 Fiberglass Threaded.

Blank casing diameter **2** in. to **70** ft, Dia in. to ft, Dia in. to ft

Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No. **Sch 40**

TYPE OF SCREEN OR PERFORATION MATERIAL **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)

SCREEN OR PERFORATION OPENINGS ARE: 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)

SCREEN-PERFORATED INTERVALS: From **70** ft to **100** ft, From ft to ft

From ft to ft, From ft to ft

GRAVEL PACK INTERVALS: From **68** ft to **100** 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 **2** ft to **68** 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)

Direction from well? How many feet? **0**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0	0.5	Gravel, Gray		
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0.5	2	Silt, Dark Brown		
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2	13	Silt, Brown		
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13	17	Silt, Red-Brown		
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17	26	Silt, Red-Brown		
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26	40	Sand, Brown		
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40	50	Silt, Brown-Red-Brown		
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50	69	Sand, Red-Brown		
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69	75	Sand, Red-Brown		
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75	100	Sand, Brown		
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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) **8/8/00** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **9/6/00**
 under the business name of **GeoCore Services, Inc.** by (signature) *Don A. Bell*

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.

OFFICE USE ONLY

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