

1 LOCATION OF WATER WELL: County: Gove	Fraction NE ¼ NW ¼ NW ¼	Section Number 11	Township Number T 11 S	Range Number R 29 W E(W)
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Distance and direction from nearest town or city street address of well if located within city?
N/A - LOCATION CONFIRMED BY GMD #4

2 WATER WELL OWNER: MCK Inc.
RR#, St. Address, Box # : c/o Marne Karlin
City, State, ZIP Code : Grinnell, KS 67738

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: NA ft. ELEVATION: NA ft.

Depth(s) Groundwater Encountered 1. NA ft. 2. NA ft. 3. NA ft.

WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr

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

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

Bore Hole Diameter NA in. to NA ft., and NA in. to NA ft.

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"/> 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	

5 Public water supply 8 Air conditioning 11 Injection 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:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: Glued	<input type="checkbox"/> Clamped
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded	

Blank casing diameter 5 in. to NA ft., Dia NA in. to NA ft., Dia NA in. to NA ft.

Casing height above land surface 12 in., weight NA lbs./ft. Wall thickness or gauge No. NA

TYPE OF SCREEN OR PERFORATION MATERIAL:

<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"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify)
<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"/> 12 None used (open hole)	

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input 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)			

SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From NA ft. to NA ft., From NA ft. to NA ft.

GRAVEL PACK INTERVALS: From NA ft. to NA ft., From NA ft. to NA ft., From NA ft. to NA ft.

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

Grout intervals: From NA ft. to NA ft., From NA ft. to NA ft., From NA ft. to NA 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
	ENTER				Cement pad, and capped at the top - welded
	PLUGGING				
	INFORMATION				
	AT				

RECEIVED

SEP 05 1989

DIVISION OF RIGHT ENVIRONMENT

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) Aug 6, 89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No MCK Inc This Water Well Record was completed on (mo/day/yr) Sept 3, 89 under the business name of MCK Inc by (signature) Marne Karlin

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