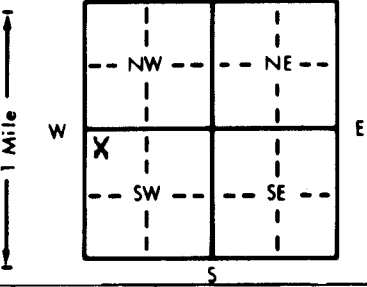


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 SW 1/4 Section Number 4 Township Number T 11 S Range Number R 35 EW
 County: NOGHS
 Distance and direction from nearest town or city street address of well if located within city?
4 1/2 MILES N. 1 MILE EAST OF WINONA KANSAS

2 WATER WELL OWNER: H. DEWEY COUNCIL Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: BOX 273 Application Number: NONE
 City, State, ZIP Code: WINONA KANSAS 67764

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

4 DEPTH OF COMPLETED WELL: 195 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 170 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL NONE 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 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ _____ Threaded X

Blank casing diameter 5 in. to 160 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 6 FT. BELOW, weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 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 160 ft. to 195 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 6 ft. to 10 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 Cess pool ABANDONED 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 _____
 How many feet? 100 FT

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>Plugging INFO</u>			
<u>195</u>	<u>160</u>	<u>35 FT SAND</u>			
<u>160</u>	<u>10</u>	<u>150 FT DIRT</u>			
<u>10</u>	<u>6</u>	<u>CEMENT</u>			
<u>6</u>	<u>0</u>	<u>TOP SOIL</u>			

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) 10-12-87 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) _____ under the business name of _____ by (signature) Dewey Council

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.
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1/4
1/4