

1 LOCATION OF WATER WELL: County: <u>OTTAWA</u>	Fraction <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	Section Number <u>32</u>	Township Number <u>T 11 S</u>	Range Number <u>R 5W E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1/4 MILE NORTH OF INTERSECTION 10th RD. AND FRONTIER RD.

2 WATER WELL OWNER: GORDON McCLURE  
 RR#, St. Address, Box # : P.O. BOX 211  
 City, State, ZIP Code : TESSCOTT, KS. 67484  
 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 ..... <u>93</u> ..... ft. ELEVATION: .....
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A 3x3 grid representing a section box. The corners are labeled NW, NE, SW, SE. The center is labeled N, S, W, E. An 'X' is marked in the SW corner.

Depth(s) Groundwater Encountered 1 ..... 20 ..... ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... 20 ..... ft. below land surface measured on mo/day/yr ..... 10-05-04 ..... ft.

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

Est. Yield ..... 15 ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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 Domestic (lawn & garden) 10 Monitoring well  
LIVESTOCK

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

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter ..... 5 ..... in. to ..... 63 ..... ft., Dia ..... 160 ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... 20 ..... in., weight ..... 160 ..... lbs./ft. Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify) .....
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot <u>.025</u>	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) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... 63 ..... ft. to ..... 93 ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 55 ..... ft. to ..... 93 ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 55 4 Other .....

Grout Intervals: From ..... 0 ..... ft. to ..... 4 ..... ft., From ..... 32 ..... ft. to ..... 55 ..... 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)
			13 Insecticide storage	

Direction from well? EAST  
How many feet? 35

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	CLAY BROWN			
7	7 1/2	IRON STONE BROWN			
7 1/2	18	CLAY TAN TO RED			
18	31	SANDSTONE TAN			
31	63	CLAY TAN			
63	64	SANDSTONE TAN			
64	84	CLAY GRAY SOFT			
84	93	CLAY GRAY WITH LAYERS OF SANDSTONE			

RECEIVED  
NOV 03 2004  
BUREAU OF WATER

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) ..... 10-11-04 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... 388 ..... This Water Well Record was completed on (mo/day/yr) ..... 10-11-04 ..... under the business name of PESTINGER PUMP SERVICE by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. Send top 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.