

1 LOCATION OF WATER WELL: County: <u>TREGO</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>33</u>	Township Number <u>T 12 S</u>	Range Number <u>R 22 EW</u>
---	---	-----------------------------	----------------------------------	--------------------------------

Distance and direction from nearest town or city street address of well if located within city?

4 south 1 west 1/8 north of OGALLAH KS.

2 WATER WELL OWNER: <u>IDA Windholz</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>RR</u>	Application Number:
City, State, ZIP Code: <u>OGALLAH KS 67656</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <u>4</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>4</u> ft. below land surface measured on mo/day/yr <u>11/2/87</u> Pump test data: Well water was <u>4</u> ft. after <u>1</u> hours pumping <u>3</u> gpm Est. Yield <u>3</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> Clamped _____
1 Steel	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<u>2 PVC</u>	7 Fiberglass		Threaded _____
3 RMP (SR)			
4 ABS			
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <u>30</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7 PVC</u>	10 Asbestos-cement	
1 Steel	8 RMP (SR)	11 Other (specify) _____	
2 Brass	9 ABS	12 None used (open hole)	
3 Stainless steel			
4 Galvanized steel			
6 Concrete tile			
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	6 Wire wrapped	9 Drilled holes	
<u>3 Mill slot</u>	7 Torch cut	10 Other (specify) _____	
2 Louvered shutter			
4 Key punched			
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>3</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:	10 Livestock pens	<u>14</u> Abandoned water well	
1 Septic tank	11 Fuel storage	15 Oil well/Gas well	
2 Sewer lines	12 Fertilizer storage	16 Other (specify below)	
3 Watertight sewer lines	13 Insecticide storage		
4 Lateral lines			
5 Cess pool			
6 Seepage pit			
7 Pit privy			
8 Sewage lagoon			
9 Feedyard			
Direction from well? <u>North</u>	How many feet? <u>25</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>4</u>	<u>top soil</u>			
<u>4</u>	<u>12</u>	<u>COARSE to med RED & grey sand</u>			
<u>12</u>	<u>29</u>	<u>grey clay</u>			
<u>29</u>	<u>30</u>	<u>Shale</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/2/87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>276</u> This Water Well Record was completed on (mo/day/yr) <u>11/2/87</u> under the business name of <u>LOEA Water Well Drilling</u> by (signature) <u>John Lee</u>

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