

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Leone</u>		<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>13</u>	<u>T 12 S</u>	<u>R 28 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 1/2 South of Park 2 miles west</u>					
2 WATER WELL OWNER: <u>Roy Goodall</u>					
RR#, St. Address, Box # : <u>Seattle Washington</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>unknown</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1 unknown</u> 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 ..... 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:			
		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:					
① Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter ..... in. to ..... ft., Dia				8 Concrete tile	
Casing height above land surface ..... in., weight				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued ..... Clamped .....	
1 Steel		3 Stainless steel		5 PVC	
2 Brass		4 Galvanized steel		10 Asbestos-cement	
				11 Other (specify) .....	
SCREEN OR PERFORATION OPENINGS ARE:				12 None used (open hole)	
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
SCREEN-PERFORATED INTERVALS:				8 Saw cut	
From ..... ft. to ..... ft., From ..... ft. to ..... ft.				9 Drilled holes	
GRAVEL PACK INTERVALS:				10 Other (specify) .....	
From ..... ft. to ..... ft., From ..... ft. to ..... ft.				11 None (open hole)	
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:					
1 Neat cement		② Cement grout		3 Bentonite	
Grout intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft.				4 Other .....	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				①⑥ Other (specify below)	
				<u>NONE</u>	
Direction from well?				How many feet?	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					<u>Removed upper 9 ft of casing</u>
			<u>23</u>	<u>6</u>	<u>sand</u>
			<u>2</u>	<u>3</u>	<u>Cement</u>
			<u>3</u>	<u>0</u>	<u>clay</u>
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) <u>May 18-1989</u> 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) <u>May 18-1989</u> under the business name of ..... by (signature) <u>Augustine M. Gen</u>					

OFFICE USE ONLY

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SEC.

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