

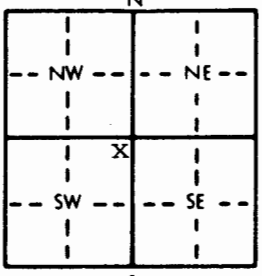
LOCATION OF WATER WELL: County: Logan Fraction: NE 1/4 NE 1/4 SW 1/4 Section Number: 7 Township Number: T 15 S Range Number: R 33 EW

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

WATER WELL OWNER: Loren McDaniel
 #, St. Address, Box #: Rt. #3, Box 79
 State, ZIP Code: Scott City, Ks. 67871

Board of Agriculture, Division of Water Resources
 Application Number:

LOCATE WELL'S LOCATION WITH IN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL: 35 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 31 ft. below land surface measured on mo/day/yr 5-21-96
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 1 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 10 in. to 35 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____ stock
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Casing diameter: 5 in. to 35 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Setting height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 200 psi

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 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 25 ft. to 35 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 5 ft. to 35 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 5 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 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
 Distance from well? _____ How many feet? 500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil			
1	26	brown clay			
26	32	medium to coarse sand & gravel			
32	35	black shale			
<p>RECEIVED</p> <p>JUN 06 1996</p> <p>BUREAU OF WATER</p>					

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-21-96 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/yr) 6-3-96 by the business name of Midwest Well & Pump by (signature) Victor Jankup

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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