

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>NESS</b>	<b>SE</b> ¼ <b>SE</b> ¼ <b>NE</b> ¼	<b>31</b>	<b>T 18 S</b>	<b>R 23</b> <del>EW</del>

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

**321 E MAGNOLIA NESS CITY**

2 WATER WELL OWNER: **JUNIOR GABEL**  
 RR#, St. Address, Box # : **321 E MAGNOLIA**  
 City, State, ZIP Code : **NESS CITY KS 67560** 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 <b>80</b> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 <b>50</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>50</b> ft. below land surface measured on mo/day/yr <b>9-26-03</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>30</b> 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 <del>xxx</del> Domestic (lawn & garden) 10 Monitoring well _____
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Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ~~xxx~~; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes \_\_\_\_\_ No **xx**

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter **5** in. to **60** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **1.8** in., weight **1.60** lbs./ft. Wall thickness or guage No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<del>xxx</del> 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	<del>xxx</del> 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)	_____ ft.

SCREEN-PERFORATED INTERVALS: From **60** ft. to **80** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **40** ft. to **80** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ~~xxx~~ Bentonite 4 Other \_\_\_\_\_

Grout Intervals: From **0** ft. to **30** 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	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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	40	HARD YELLOW CLAY			
40	50	FINE SAND			
50	60	<del>SW</del> SANDY CLAY			
60	78	MED TO LARGE SAND			
78	80	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~xx~~ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9-26-03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **444** This Water Well Record was completed on (mo/day/yr) **9-26-03** under the business name of **ANDY ANDERSON DRILLING** by (signature) *Andy Anderson*

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, 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.