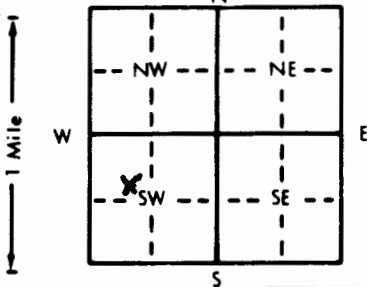


1 LOCATION OF WATER WELL: County: **NESS** Fraction: **SE 1/4 NW 1/4 SW 1/4** Section Number: **30** Township Number: **T 18 S** Range Number: **R 23 E**

Distance and direction from nearest town or city street address of well if located within city?
N 1/2 CHESTNUT W 1/2 FRANKLIN

2 WATER WELL OWNER: **HOME OIL CO. HAROLD GARLE**
 RR#, St. Address, Box #: **301 W JYCAMORE NESS CITY KS 67560** 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: **35** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **24** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **30.25** ft. below land surface measured on **11-03-93**
 Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm
 Est. Yield: **NA** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **7.25** in. to **35** 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 **X**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded **X**

Blank casing diameter: **2** in. to **20** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: **FLUSH** in., weight: **SCH 40** lbs./ft. Wall thickness or gauge No. _____

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 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) _____

SCREEN-PERFORATED INTERVALS: From **20** ft. to **30.2** ft. From _____ ft. to _____ ft.
SAND From _____ ft. to _____ ft. From _____ ft. to _____ ft.
~~GRAVEL~~ PACK INTERVALS: From **18.2** ft. to **35** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 Bentonite 4 Other _____
 Grout Intervals: From **GL** ft. to **16** ft. From **13** ft. to **18.2** 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 **CONTAMINATED SITE**

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	4	SOIL-FILL-SAND + CONCRETE FRAG.			
4	17	CLAY SILT			
17	27.5	SILTY CLAY			
27.5	35	SILTY SAND ETC			
TD	35				

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) **10-25-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **479** This Water Well Record was completed on (mo/day/yr) **12-17-93** under the business name of **EBBERTS DRILLING** by (signature) *Gugan Ebberts*

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.

LATE FILE WAIVER PER PH CALL WITH D.T. 11-19-93

OFFICE USE ONLY
T
R
EW
SEC
1/4
1/4
1/4