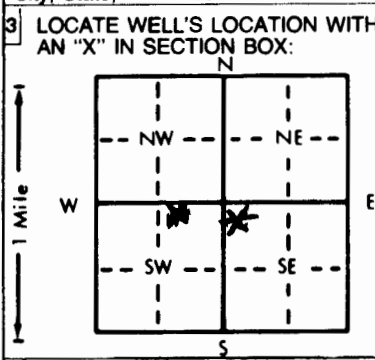


1 LOCATION OF WATER WELL: Fraction NW NW SE Section Number 30 Township Number T 18 S Range Number R 23 EW
 County: NESS NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$

Distance and direction from nearest town or city street address of well if located within city?
1/2 B-W KANSAS AVE N SIDE GRANT NESS CITY

2 WATER WELL OWNER: HOME OIL CO - HAROLD GABLE
 RR#, St. Address, Box # : 301 W SYCAMORE - NESS CITY KS. 67560 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Application Number:



4 DEPTH OF COMPLETED WELL: 40.5 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 33 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 25.51 ft. below land surface measured on mo/day/yr 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 40.5 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded X
 Blank casing diameter 2 in. to 20.3 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight SCH 40 lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 20.3 ft. to 40.5 ft. From _____ ft. to _____ ft.
~~SAND~~ ~~GRAVEL~~ PACK INTERVALS: From 17.7 ft. to 40.5 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: 2 From GL ft. to 13.6 ft. From 13.6 ft. to 17.7 ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage CONTAMINATED SITE
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>GL</u>	<u>6</u>	<u>SOIL. CLAY SILT BROWN</u>			
<u>6</u>	<u>23</u>	<u>CLAY SILT - TAN</u>			
<u>23</u>	<u>28</u>	<u>SILTY CLAY</u>			
<u>28</u>	<u>32.5</u>	<u>CLAY</u>			
<u>32.5</u>	<u>39</u>	<u>CLAY-SAND. SHELL FRAGS - GRAY</u>			
<u>39</u>	<u>40.5</u>	<u>SHALE - DK GRAY - HARD</u>			
<u>TD</u>	<u>40.5</u>	<u>---</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) 10-20-93 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) Suzanne Ebberts

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. 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. H19-93

OFFICE USE ONLY
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EW
SEC.
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1/4
1/4