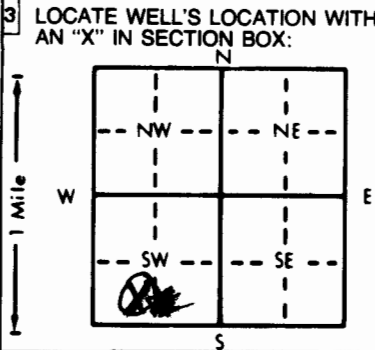


1 LOCATION OF WATER WELL: County: NESS Fraction: SE 1/4 SW 1/4 SW 1/4 Section Number: 30 Township Number: T 18 S Range Number: R 23 E

Distance and direction from nearest town or city street address of well if located within city?
E & F FRANKLIN ST NIF RR.

2 WATER WELL OWNER: HOME DILCO 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: 42.2 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. 36.5 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 38.51 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 _____ 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 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight SCH 40 lbs./ft. Wall thickness or gauge No. _____
 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 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 22 ft. to 42.2 ft., From _____ ft. to _____ ft.
SAND From _____ ft. to _____ ft., From _____ ft. to _____ ft.
~~GRAVEL~~ PACK INTERVALS: From 20.5 ft. to 42.2 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: 42 ft. to 17.7 ft., From 43 ft. to 17.7 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)
CONTAMINATED SITE
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>62</u>	<u>3</u>	<u>SOIL- CLAY SILT</u>			
<u>3</u>	<u>23</u>	<u>CLAY SILT - TAN</u>			
<u>23</u>	<u>29</u>	<u>CLAY SAND - TAN</u>			
<u>29</u>	<u>33</u>	<u>SAND</u>			
<u>33</u>	<u>38</u>	<u>SILTY SAND</u>			
<u>38</u>	<u>40.2</u>	<u>SHALE DK GRAY - HARD</u>			
<u>TD</u>	<u>40.2</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) 10-21-93 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) Susan 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