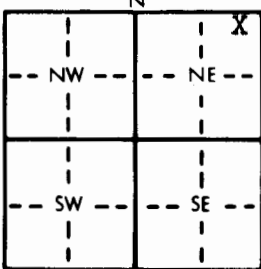


LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Rice</b>		<b>NE 1/4 NE 1/4 NE 1/4</b>		<b>6</b>		<b>T 18 S</b>		<b>R 9</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>3 East of Bushton</b>									
WATER WELL OWNER:		<b>Northern Natural Gas Co.</b>				<b>UNKNOWN WELL CAVED IN</b>			
RR#, St. Address, Box # :		<b>R.R. # 1 Box 5 N</b>				<b>Bushton, Kansas 67427</b>			
City, State, ZIP Code :						Board of Agriculture, Division of Water Resources			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: <b>100</b> ft.		ELEVATION:		Application Number:			
		Depth(s) Groundwater Encountered 1. <b>NA</b> ft. 2. ft. 3. ft.		WELL'S STATIC WATER LEVEL: ft. below land surface measured on mo/day/yr		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <b>NA</b> gpm: Well water was <b>NA</b> ft. after hours pumping gpm		Bore Hole Diameter <b>unknown</b> in. to ft. and in. to ft.		WELL WATER TO BE USED AS:			
		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	
		2 Irrigation		<input checked="" type="checkbox"/> Industrial		7 Lawn and garden only		10 Observation well	
		Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>		If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
TYPE OF BLANK CASING USED:		<input checked="" type="checkbox"/> 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 <b>ABS</b>		7 Fiberglass				Threaded	
Blank casing diameter in. to ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface <b>3' below</b> in., weight lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 PVC		10 Asbestos-cement					
1 Steel		<input checked="" type="checkbox"/> 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) <b>unknown</b>			
SCREEN-PERFORATED INTERVALS:		From <b>unknown</b> ft. to ft.		From ft. to ft.		From ft. to ft.		From ft. to ft.	
GRAVEL PACK INTERVALS:		From <b>unknown</b> ft. to ft.		From ft. to ft.		From ft. to ft.		From ft. to ft.	
GROUT MATERIAL:		<input checked="" type="checkbox"/> Neat cement		2 Cement grout		3 Bentonite		4 Other	
Grout intervals: From <b>3</b> ft. to <b>13</b> ft.		From ft. to ft.		From ft. to 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	
<input checked="" type="checkbox"/> Sewer lines		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		14 Abandoned water well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide storage		15 Oil well/Gas well	
Direction from well? <b>250 west</b>		How many feet? <b>250</b>						16 Other (specify below)	
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG			
		na							
		<b>Plugging Material?</b>							
		<b>NA</b>							
		<b>Intervals?</b>							
		<b>FILLED w/ GRAVEL TO WITHIN 13' OF TOP</b>							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>8/18/1981</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>359</b> This Water Well Record was completed on (mo/day/yr) <b>8/19/1981</b> under the business name of <b>Daryl Cox &amp; Sons Inc.</b> by (signature) <b>Daryl Cox</b>									
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									