

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: RICE	SW 1/4 SW 1/4 NE 1/4	22	T 19 S	R 10 W

Distance and direction from nearest town or city? **3 mi West & 2 mi North of Chase** Street address of well if located within city?

2 WATER WELL OWNER: **Northern Liquid Fuels Co P2 No. d**
 RR#, St. Address, Box #: **2223 Dodge St**
 City, State, ZIP Code: **Omaha, Neb., 68102**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **68** ft. Bore Hole Diameter: **5** in. to **68** ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only **10 Observation well**
 Well's static water level **33'6"** ft. below land surface measured on **April** month **29** day **1981** year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 Blank casing dia **2** in. to **38** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **113**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 Saw cut 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)
 Screen-Perforation Dia **2** in. to **68** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **38** ft. to **68** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **12** ft. to **68** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **12** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) **None**
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No **X**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No **X**
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **April** month **29** day **1981** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102**
 This Water Well Record was completed on **May** month **4** day **1981** year under the business name of **Layne Western Co** by (signature) **[Signature]**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	4	Silty Top Soil			
	4	30	Sand			
	30	31	Blue Silty Clay			
	31	68	Sand & Gravel			

1 Mile

1 Mile

ELEVATION: _____

Depth(s) Groundwater Encountered 1. **33'6"** ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.