

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																											
County: McPherson		NE 1/4 NE 1/4 NE 1/4		33		T 19 S		R 3 E W																																																																																											
Distance and direction from nearest town or city street address of well if located within city? Just southeast of McPherson																																																																																																			
2 WATER WELL OWNER: Equus Beds GMD #2 RR#, St. Address, Box # : 313 Spruce City, State, ZIP Code : Halstead, KS 67056-1925 Board of Agriculture, Division of Water Resources Application Number:																																																																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 129 ft. ELEVATION: unknown																																																																																															
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>NW</td><td></td><td>NE</td><td></td></tr><tr><td>SW</td><td></td><td>SE</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>							X	NW		NE		SW		SE						Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																															
							X																																																																																												
				NW		NE																																																																																													
				SW		SE																																																																																													
WELL'S STATIC WATER LEVEL 70.43 ft. below land surface measured on mo/day/yr 12-21-04																																																																																																			
Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm																																																																																																			
Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																																			
Bore Hole Diameter 6 in. to 145 ft., and _____ in. to _____ ft.																																																																																																			
WELL WATER TO BE USED AS:																																																																																																			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (specify below)																																																																																																			
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring 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 _____ No <input checked="" type="checkbox"/>																																																																																																			
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 <input checked="" type="checkbox"/>																																																																																											
Blank casing diameter 2 (steel) in. to 7 ft., Dia 2 (PVC) in. to 116 ft., Dia _____ in. to _____ ft.																																																																																																			
Casing height above land surface 36 in., weight 3.65 (steel) .70 (PVC) lbs./ft. Wall thickness or gauge No .154 (steel) .154 (PVC)																																																																																																			
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) _____		ft.																																																																																											
SCREEN-PERFORATED INTERVALS:																																																																																																			
From 116		ft. to 126		ft., From _____		ft. to _____		ft.																																																																																											
				ft., From _____		ft. to _____		ft.																																																																																											
GRAVEL PACK INTERVALS:																																																																																																			
From 111		ft. to 127		ft., From _____		ft. to _____		ft.																																																																																											
				ft., From _____		ft. to _____		ft.																																																																																											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Bentonite Holeplug _____																																																																																																			
Grout Intervals: From 8 ft. to 107 ft., From 0 ft. to 8 ft., From 107 - 111 ft. to 127 - 145 ft.																																																																																																			
What is the nearest source of possible contamination:																																																																																																			
1 Septic tank		4 Lateral lines		7 Pit privy		11 Fuel storage		14 Abandoned water well																																																																																											
2 Sewer lines		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		15 Oil well/Gas well																																																																																											
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide storage		16 Other (specify below) _____																																																																																											
						None known																																																																																													
Direction from well? _____ How many feet? _____																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>9</td><td>Clay, dark brown, hard</td><td></td><td></td><td></td></tr><tr><td>9</td><td>22</td><td>Clay, brown, hard</td><td></td><td></td><td></td></tr><tr><td>22</td><td>29</td><td>Clay, gray, hard</td><td></td><td></td><td></td></tr><tr><td>29</td><td>67</td><td>Clay, brown, hard</td><td></td><td></td><td></td></tr><tr><td>67</td><td>86</td><td>Sand and gravel, medium to fine</td><td></td><td></td><td></td></tr><tr><td>86</td><td>88</td><td>Clay, white, hard</td><td></td><td></td><td></td></tr><tr><td>88</td><td>93</td><td>Sand and gravel, medium to fine</td><td></td><td></td><td></td></tr><tr><td>93</td><td>97</td><td>Clay, white, hard</td><td></td><td></td><td></td></tr><tr><td>97</td><td>127</td><td>Sand and gravel, medium to fine</td><td></td><td></td><td></td></tr><tr><td>127</td><td>131</td><td>Clay, brown, hard</td><td></td><td></td><td></td></tr><tr><td>131</td><td>136</td><td>Clay, white, hard with sand streaks</td><td></td><td></td><td></td></tr><tr><td>136</td><td>137</td><td>Cemented Sand</td><td></td><td></td><td></td></tr><tr><td>137</td><td>145</td><td>Shale, green, limy, hard</td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	Topsoil				3	9	Clay, dark brown, hard				9	22	Clay, brown, hard				22	29	Clay, gray, hard				29	67	Clay, brown, hard				67	86	Sand and gravel, medium to fine				86	88	Clay, white, hard				88	93	Sand and gravel, medium to fine				93	97	Clay, white, hard				97	127	Sand and gravel, medium to fine				127	131	Clay, brown, hard				131	136	Clay, white, hard with sand streaks				136	137	Cemented Sand				137	145	Shale, green, limy, hard			
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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) 12-21-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 185 This Water Well Record was completed on (mo/day/yr) 12-29-04 under the business name of Clarke Well & Equipment, Inc. by (signature) _____																																																																																																			
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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																																																																																																			