

<b>1 LOCATION OF WATER WELL:</b> County: <u>Rice</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>14</u>	Township Number <u>T 19 S</u>	Range Number <u>R 8 E</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">W</span>
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 2 1/2 miles north and 1 mile east of Lyons</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>38.391709</u> Longitude: <u>-98.17377</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
<b>2 WATER WELL OWNER:</b> <u>Knight Feedlot</u> RR#, St. Address, Box # : <u>Route 1 - Box 93</u> City, State, ZIP Code : <u>Lyons, KS 67554</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td></td><td>X</td></tr> </table> E S	--NW--	--NE--	--SW--	--SE--		X	<b>4 DEPTH OF COMPLETED WELL</b> <u>80</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>24.66'</u> ft. below land surface measured on <u>04-02-08</u> Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">12</span> Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____ <u>Stock</u> 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 _____
--NW--	--NE--						
--SW--	--SE--						
	X						

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> PVC 4 ABS 7 Fiberglass _____	5 Wrought Iron 8 Concrete tile CASING JOINTS: <u>Glued</u> <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____
Blank casing diameter <u>5</u> in. to <u>61</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>2.36</u> lbs./ft. Wall thickness or gauge No. <u>.214</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</span> PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) _____ 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>61</u> ft. to <u>79</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>55</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

<b>6 GROUT MATERIAL:</b> 1 Neat Cement 2 Cement grout <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> Bentonite 4 Other _____
Grout Intervals: From _____ ft. to _____ ft., From <u>4</u> ft. to <u>55</u> 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 13 Insecticide Storage <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">16</span> Other (specify below) _____ 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>None known</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____
Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	11	Clay, dark brown, hard			
11	49	Clay, brown, hard			
49	55	Drift, coarse to fine, with clay brown, 50/50 mix			
55	61	Clay, tan and gray, hard, with sandstone streaks, dark brown color			
61	70	Drift, medium to fine, with clay, tan and white			
70	71	Clay, tan and gray, hard			
71	74	Drift, medium to fine, with clay streaks, tan			
74	79	Clay, tannish brown, hard, with sandstone, brown color, soft, 50/50 mix			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">constructed</span> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>04-02-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>771</u> This Water Well Record was completed on (mo/day/year) <u>04-07-08</u> Under the business name of <u>Clarke Well &amp; Equipment, Inc.</u> by (signature)
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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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.