

1 LOCATION OF WATER WELL: County: Rice Fraction: NW 1/4 SW 1/4 SW 1/4 Section Number: 32 Township Number: T 19 S Range Number: R 9 EW

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: 405 Ash
MARK SPANGLER
 RR#, St. Address, Box #: Box 32
 City, State, ZIP Code: Chaney, KS, 67524
 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: 61 ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 23 ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 8 in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

| | | | | |
|---|--------------|--------------------------|---------------------|--------------------------|
| <input checked="" type="radio"/> Domestic | 3 Feedlot | 6 Oil field water supply | 9 Dewatering | 12 Other (Specify below) |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 10 Observation well | |

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------------------------------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: <input checked="" type="radio"/> Guffed <input type="radio"/> Clamped |
| <input checked="" type="radio"/> PVC | 4 ABS | 7 Fiberglass | | <input type="radio"/> Welded <input type="radio"/> Threaded |

Blank casing diameter: 5 in. to 4 1/2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight _____ 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 | <input checked="" type="radio"/> 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 4 1/2 ft. to 61 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 13 ft. to 61 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 3 ft. to 13 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 | 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) |
| | | | 13 Insecticide storage | |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|---------------------|------|----|----------------|
| 0 | 3 | Top Soil | | | |
| 3 | 38 | clay + sand streaks | | | |
| 38 | 61 | gravel | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8-29-85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462 This Water Well Record was completed on (mo/day/yr) 9-17-85 under the business name of Sam's Water Well Service by (signature) Sam Rayburn

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.

OFFICE USE ONLY
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