

1 LOCATION OF WATER WELL: County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
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Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 mile west of Raymond

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.318157
 Longitude: -98.318157
 Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Mike Ringwald
 RR#, St. Address, Box # : 655 3rd Road
 City, State, ZIP Code : Ellinwood, KS 67526

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

x		
--NW--	--NE--	
--SW--	--SE--	

S

4 DEPTH OF COMPLETED WELL 93 ft.

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

WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 06-04-08

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

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 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 If yes, mo/day/yr _____

Sample was submitted _____ Water well disinfected? Yes No

5 TYPE OF CASING USED: 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 ABS 7 Fiberglass Threaded _____

Blank casing diameter 12 in. to 62 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass **(7)** 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 **(3)** 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 62 ft. to 92 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 93 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout **(3)** Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 21 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 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage **(15)** Oil well/gas well

Direction from well? North, Northeast How many feet? Approximately 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Topsoil	92	95	Clay, yellow and white, soft
6	8	Clay, brown and gray, sandy, soft			
8	11	Sand, coarse to very fine, loose			
11	14	Clay, brown, soft, sandy			
14	19	Sandstone, brown, soft			
19	24	Clay, brown and white, sandy, hard			
24	27	Sandstone, brown color, soft			
27	43	Clay, brown, hard			
43	46	Gravel, drift, medium, fine, loose			
46	52	Sandstone, rusty brown color, soft			
52	92	Sandstone, brown color, soft			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-04-08 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/year) 06-18-08

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, 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.