

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rice	SE 1/4 SW 1/4 SW 1/4	21	T 20 S	R 8 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span>

Distance and direction from nearest town or city street address of well if located within city?  
 Approx. 3 miles south and 3/4 west of Lyons

**2 WATER WELL OWNER:** Michael Langel  
 RR#, St. Address, Box # : Route 1 - Box 26 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Alden, KS 67512 Application Number: 34150

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL:</b> <u>72</u> ft. ELEVATION: unknown.
<div style="border: 1px solid black; padding: 10px;"> </div>	Depth(s) Groundwater Encountered 1. <u>14, 5</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <u>14, 5</u> ft. below land surface measured on mo/day/yr <u>5/9/88</u> Pump test data: Well water was <u>not ck'd</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>1000</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>24</u> in. to <u>72</u> ft. and _____ in. to _____ ft.
<b>WELL WATER TO BE USED AS:</b> 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 Lawn and garden only    10 Observation well	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u> _____	

**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 <u>X</u> _____
		7 Fiberglass	Threaded _____	

Blank casing diameter 16 in. to 71 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in., weight 42.05 lbs./ft. Wall thickness or gauge No. .250

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	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) <u>Johnson Agri-Screen</u>	

**SCREEN-PERFORATED INTERVALS:** From 71 ft. to 101 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 20 ft. to 71 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 0 ft. to 20 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	<u>field/none known</u>

Direction from well? all

FROM		TO		LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	18	18	71	Topsoil & sand & sandy brown clay			
18	71	71	72	Sand & gravel, fine to medium, some coarse, clay streak 48'-58'			
71	72	72		Clay			

**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) 5/9/88 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) 5/19/88  
 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.