

1 LOCATION OF WATER WELL  
 County: Rice Fraction: SW 1/4 SW 1/4 NW 1/4 Section Number: 32 Township Number: T 21 S Range Number: R 06 EW  
 Distance and direction from nearest town or city? 3 M. E, 2 1/2 N of Nickerson Street address of well if located within city?

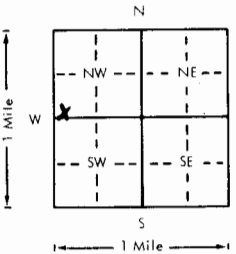
2 WATER WELL OWNER: Dwight Alumbaugh  
 RR#, St. Address, Box #: to Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Nickerson, KS 67561 Application Number:

3 DEPTH OF COMPLETED WELL: 46 ft. Bore Hole Diameter: 10 in. to 47 ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 7 ft. below land surface measured on 6-28 month 28 day 80 year  
 Pump Test Data: Well water was 11 ft. after 1 hours pumping 20 gpm  
 Est. Yield 50 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped  
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 Fiberglass 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing dia: 6 in. to 36 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight 3.35 lbs./ft. Wall thickness or gauge No. 160  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 PVC 10 Asbestos-cement  
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 Continuous slot  Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 Torch cut 10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia: 6 in. to 46 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 36 ft. to 46 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 30 ft. to 46 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL:  Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From 3 ft. to 15 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 Lateral lines 6 Pit privy  Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines  
 Direction from well: E How many feet: 200? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes \_\_\_\_\_ No   
 If Yes: Pump Manufacturer's name \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Depth of Pump Intake \_\_\_\_\_ ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 6 month 29 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 382  
 This Water Well Record was completed on 1 month 29 day 81 year under the business name of Miller Water Well Service by (signature) Eva Miller

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	14	Sandy Br Silt			
14	20	Gr Clay			
20	47	S + G			

 ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC

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