

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pawnee</u>		<u>W 1/4 NE 1/4 SW 1/4</u>	<u>9</u>	<u>T 22 S</u>	<u>R 18 E10</u>
Distance and direction from nearest town or city street address of well if located within city? <u>35 SE of Rozel KS</u>					
2 WATER WELL OWNER:		Abandoned well. New well drilled nearby			
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code:		Application Number: <u>PN 064</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>96</u> ft. ELEVATION: <u>PN 107.50</u>			
1 Mile		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>1-5-93</u>			
		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 _____ in. to _____ ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic <u>was</u>		3 Feedlot		6 Oil field water supply	
2 <u>Irrigation</u>		4 Industrial		7 Lawn and garden only	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		11 Injection well		12 Other (Specify below)	
If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 <u>Steel</u>		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
2 PVC		4 ABS		Welded _____	
Blank casing diameter <u>14</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		Threaded _____	
Casing height above land surface <u>6"</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		8 Concrete tile			
TYPE OF SCREEN OR PERFORATION MATERIAL:		9 Other (specify below)			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) <u>NA</u>	
SCREEN-PERFORATED INTERVALS:		From <u>NA</u> ft. to <u>NA</u> ft., From _____ ft. to _____ ft.		11 None (open hole)	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 <u>Cement grout</u>		3 Bentonite	
4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 <u>Livestock pens</u>		14 Abandoned water well	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
4 Pit privy		8 Sewage lagoon		15 Oil well/Gas well	
5 Feedyard		9 Feedyard		16 Other (specify below)	
Direction from well? <u>South</u>		How many feet? <u>1300</u>			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
<u>96</u> <u>30</u> <u>sand & gravel</u>					
<u>30</u> <u>0</u> <u>cement grout 2.1 cu yd</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>6-14-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>6-18-93</u> under the business name of _____ by (signature) <u>Ora Mae Meckfessel</u>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					