

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																									
County: <b>PAWNEE</b>		1/4 1/4 <b>NE</b> 1/4		<b>32</b>		T <b>23S</b> S		R <b>15W</b> EW																																									
Distance and direction from nearest town or city street address of well if located within city? <b>5 miles northwest of Macksville</b>																																																	
2 <del>WATER</del> WELL OWNER: <b>Northern Natural Gas</b>																																																	
RR#, St. Address, Box # : <b>121 National Bank Bldg</b>						Board of Agriculture, Division of Water Resources																																											
City, State, ZIP Code : <b>700 S. Fillmore, Amarillo, TX 79101</b>						Application Number:																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>33</b> ft. ELEVATION:																																															
		Depth(s) Groundwater Encountered 1. <b>28</b> ft. 2. ft. 3. ft.																																															
		WELL'S STATIC WATER LEVEL 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 in. to ft., and in. to ft.																																															
		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 Lawn and garden only <b>10</b> 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 BLANK CASING USED:																																																	
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued Clamped <b>2 PVC</b> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded Blank casing diameter <b>2</b> in. to <b>23</b> 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 <b>7 PVC</b> 10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE:      5 Gauzed wrapped      8 Saw cut      11 None (open hole) <b>1 Continuous slot</b> 3 Mill slot      6 Wire wrapped      9 Drilled holes 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify)																																																	
SCREEN-PERFORATED INTERVALS: From <b>23</b> ft. to <b>33</b> ft., From ft. to ft.																																																	
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>33</b> ft., From ft. to ft.																																																	
6 GROUT MATERIAL: <b>1 Neat cement</b> 2 Cement grout <b>3 Bentonite</b> 4 Other																																																	
Grout Intervals: From <b>0</b> ft. to <b>18</b> ft., From <b>19</b> ft. to <b>20</b> 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?																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">FROM</th> <th colspan="2">TO</th> <th>LITHOLOGIC LOG</th> <th colspan="2">FROM</th> <th colspan="2">TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td><b>MW # 1</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>0</b></td> <td><b>28</b></td> <td></td> <td></td> <td><b>Moist, Brown Sand, Clay</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>28</b></td> <td><b>33</b></td> <td></td> <td></td> <td><b>Wet, fine to medium Sand</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM		TO		LITHOLOGIC LOG	FROM		TO		PLUGGING INTERVALS					<b>MW # 1</b>						<b>0</b>	<b>28</b>			<b>Moist, Brown Sand, Clay</b>						<b>28</b>	<b>33</b>			<b>Wet, fine to medium Sand</b>					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>8-21-03</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>551</b> This Water Well Record was completed on (mo/day/yr) <b>8-29-03</b> under the business name of <b>Associated Environmental Ind. Corp.</b> 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																	