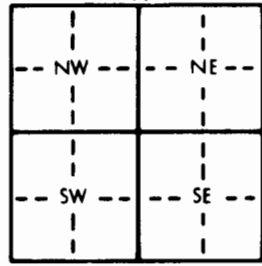


1 LOCATION OF WATER WELL: County: Kearny Fraction: NE 1/4 SW 1/4 SE 1/4 Section Number: 15 Township Number: T 24 S Range Number: R 36 EW

Distance and direction from nearest town or city street address of well if located within city?  
2 miles North of Lakin

2 WATER WELL OWNER: Margaret Coder  
 RR#, St. Address, Box #: Box 262  
 City, State, ZIP Code: Lakin KS 67860  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 72 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 1 ft. below land surface measured on mo/day/yr 3-28-94  
 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 1 1/2 in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 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 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, mo/day/yr sample was sub-  
 mitted \_\_\_\_\_ Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED:  
 Steel  3 RMP (SR)  6 Asbestos-Cement  9 Other (specify below) \_\_\_\_\_  
 2 PVC  4 ABS  7 Fiberglass \_\_\_\_\_  
 Blank casing diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height ~~at~~ land surface 36 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  3 Stainless steel  5 Fiberglass  8 RMP (SR)  10 Asbestos-cement  
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot  3 Mill slot  6 Wire wrapped  9 Drilled holes  
 2 Louvered shutter  4 Key punched  7 Torch cut  10 Other (specify) NA  
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_  
 Grout Intervals: From 4 ft. to 3 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 \_\_\_\_\_  
 Direction from well? East How many feet? 75 ft

| FROM | TO | LITHOLOGIC LOG | FROM | TO  | PLUGGING INTERVALS |
|------|----|----------------|------|-----|--------------------|
|      |    |                | 72'  | 70' | Sand               |
|      |    |                | 70'  | 6'  | Dirt / clay        |
|      |    |                | 6'   | 3'  | Cement             |
|      |    |                | 3'   | 0'  | F. H. Dirt         |
|      |    |                |      |     |                    |
|      |    |                |      |     |                    |
|      |    |                |      |     |                    |
|      |    |                |      |     |                    |
|      |    |                |      |     |                    |
|      |    |                |      |     |                    |

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) 4-21-94 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) 4-25-94 under the business name of \_\_\_\_\_ by (signature) Margaret Coder

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.

OFFICE USE ONLY  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4