3739

WATER WELL RECORD Form WWC-5 KSA 82a-1212

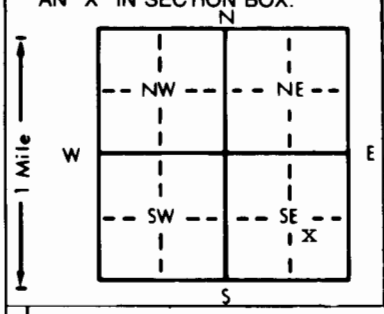
1 LOCATION OF WATER WELL: County: Stafford	Fraction: NW ¼ SE ¼ SE ¼	Section Number: 22	Township Number: T 25 S	Range Number: R 11 E/W

Distance and direction from nearest town or city street address of well if located within city?
Approximately 3/4 mile south and ¼ mile west of Neola

2 WATER WELL OWNER: Max Nichols
RR#, St. Address, Box # : P.O. Box 515
City, State, ZIP Code : Great Bend, KS 67530

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 49 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL 18.25 ft. below land surface measured on mo/day/yr 6-10-97
Pump test data: Well water was not ch'd ft. after ..... hours pumping ..... gpm
Est. Yield unknown gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter 8 in. to 50 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 Stock Well
5 Public water supply 8 Air conditioning 11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No x ; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes No x

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass

CASING JOINTS: Glued x Clamped
Welded
Threaded

Blank casing diameter 5 in. to 32 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. .214

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) 9 ABS 11 Other (specify) 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)

SCREEN-PERFORATED INTERVALS: From 32 ft. to 47 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 29 ft. to 50 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 Bentonite Holeplug

Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From 0 ft. to 29 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 None known

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	18	Clay, brown, sandy, hard			
18	29	Clay, white and brown, hard			
29	48	Sand and gravel, coarse, medium, fine			
48	50	Clay, brown, hard			

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) 6-10-97 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) 6-26-97 under the business name of Clarke Well & Equipment, Inc. by (signature) [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.