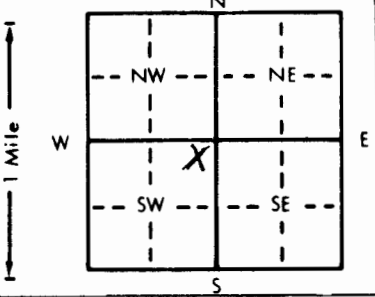


1 LOCATION OF WATER WELL: County: Gray Fraction: NE 1/4 NE 1/4 SW 1/4 Section Number: 9 Township Number: T 25 S Range Number: R 28 EW

Distance and direction from nearest town or city street address of well if located within city?
 From Cimarron, Ks. - 3 miles North, 3 miles West and 2 1/2 miles North and 1/4 mile East

2 WATER WELL OWNER: Robert Egbert
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : Ingalls, Kansas 67853
 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: 275 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 126 ft. below land surface measured on mo/day/yr Jan. 14, 1985
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 40 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 8 in. to 275 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 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes XXXX No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes XXXX No _____

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

Blank casing diameter 5 in. to 275 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 200 psi _____ lbs./ft. Wall thickness or gauge No. SDR 21

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) 11 Other (specify) _____
 9 ABS 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 250 ft. to 270 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 23 ft. to 275 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 _____
 Grout Intervals: From 6 ft. to 23 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? 120

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	Top soil & clay	270	280	Rock layers & blue shale
15	45	Clay			
45	60	Clay & cleechy in layers			
60	75	" " "			
75	90	Clay & fine to medium sand			
90	105	Fine to medium sand			
105	120	Fine to medium sand (4 ft.) & clay			
120	135	Clay & fine sand In layers			
135	165	Clay			
165	180	Clay & fine sand (6 ft.) & clay			
180	195	Fine to mediumsand			
195	210	Fine to medium sand & clay (3 ft.)			
210	225	Clay & fine sand (3 ft.)			
225	255	Fine to medium sand			
255	270	Fine to medium sand & rock layers			

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) Jan. 15, 1985 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 179 This Water Well Record was completed on (mo/day/yr) Jan. 25, 1985 under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) Larry C. Nick

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
25
R
28
EW
SEC.
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NE 1/4
NE 1/4
SW 1/4