

<b>LOCATION OF WATER WELL:</b>		<b>Fraction</b>	<b>Township Number</b>	<b>Range Number</b>
County: <u>Kearney</u>		<u>1/4 NE 1/4 SW 1/4</u>	<u>11 T 25 S</u>	<u>R 36 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3m S Lakin Hwy 25 1/2 m E (3 1/2 AS 7/0 E)</u>				
<b>WATER WELL OWNER:</b>				
RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:		
<b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>DEPTH OF COMPLETED WELL:</b>		
		Depth(s) Groundwater Encountered 1. <u>240</u> ft. ELEVATION: WELL'S STATIC WATER LEVEL <u>52</u> ft. below land surface measured on mo/day/yr <u>12/23/80</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 <u>9 7/8</u> in. to <u>3.20</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____		
<b>TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS:</b>		
1 Steel      3 RMP (SR) <input checked="" type="radio"/> PVC      4 ABS		5 Wrought iron      8 Concrete tile 6 Asbestos-Cement      9 Other (specify below) 7 Fiberglass		
Blank casing diameter <u>5</u> in. to <u>210</u> ft., Dia.		Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No.		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		
1 Steel      3 Stainless steel      5 Fiberglass 2 Brass      4 Galvanized steel      6 Concrete tile		7 Gauzed wrapped      8 Saw cut      11 None (open hole) 8 RMP (SR) 9 ABS      10 Drilled holes 12 None used (open hole)		
SCREEN-OR-PERFORATED INTERVALS:		GRAVEL PACK INTERVALS:		
From <u>210</u> ft. to <u>240</u> ft.		From _____ ft. to _____ ft.		
FROM _____ FT. TO _____ FT.		FROM _____ FT. TO _____ FT.		
Grout Intervals:		How many feet?		
From <u>5</u> ft. to <u>25</u> ft.		<u>500</u>		
<b>GROUT MATERIAL:</b>				
1 Neat cement <input checked="" type="radio"/> Cement grout      3 Bentonite      4 Other _____ Grout intervals: From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
1 Septic tank      4 Lateral lines      7 Pit privy <input checked="" type="radio"/> 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? <u>N</u>				
LITHOLOGIC LOG				
FROM	TO	LITHOLOGIC LOG	FROM	TO
0	5	Top Soil		
5	10	clay		
10	6.5	Coarse gravel		
6.5	210	clay		
210	218	Dried Sand	210	218
218	221	Hard Rock	218	221
221	230	clay	221	230
230	237	Dried Sand	230	237
237	320	clay	237	320
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>				
This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>12/23/80</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>172</u> This Water Well Record was completed on (mo/day/yr) <u>4/82</u> by (signature) <u>[Signature]</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.				