

1 LOCATION OF WATER WELL: County: Reno		Fraction SE 1/4 NE 1/4 NE 1/4	Section Number 14	Township Number T 25 S	Range Number R 9 E (W)				
Distance and direction from nearest town or city street address of well if located within city? Approximately 3 miles east and 1 3/4 miles north of Langdon			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 37.880585 Longitude: -98.27164 Elevation: unknown Datum: NAD 27 Data Collection Method: WAAS GPS unit						
2 WATER WELL OWNER: Rama Operating Co., Inc. RR#, St. Address, Box # : P.O. Box 159 City, State, ZIP Code : Stafford, KS 67578									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S <table border="1" style="margin: 10px auto; width: 150px; height: 100px;"><tr><td>--NW--</td><td>--NE--</td></tr><tr><td>--SW--</td><td>--SE--</td></tr></table>		--NW--	--NE--	--SW--	--SE--	4 DEPTH OF COMPLETED WELL 52 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 15.43 ft. below land surface measured on mo/day/yr 1-17-06 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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) Recovery Well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 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 ☒			
--NW--	--NE--								
--SW--	--SE--								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ☒ Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ (2) PVC 4 ABS 7 Fiberglass Threaded _____ Blank casing diameter 5 in. to 42 ft., Diameter _____ in. to _____ ft., Diameter _____ 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 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____ SCREEN-PERFORATED INTERVALS: From 42 ft. to 50 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 25 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 25 ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well None known 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? _____ How many feet? _____									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	3	Topsoil							
3	5	Clay, tan, hard							
5	13	Sand and gravel, coarse to fine, loose, clean							
13	27	Clay, tan, hard							
27	37	Sand and gravel, coarse to fine, loose, clean							
37	39	Clay, tan, hard							
39	47	Sand and gravel, medium to fine, loose, clean							
47	50	Shale, red, hard							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 1-17-06 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/year) 1-18-06 Under the business name of Clarke Well & Equipment, Inc. 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.									