

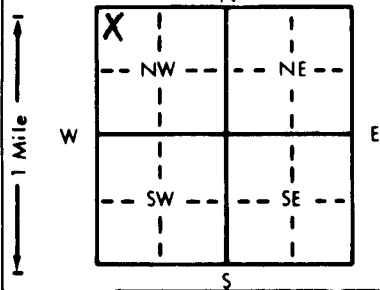
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ford	NW 1/4 NW 1/4 NW 1/4	36	T 26 S	R 23 E/W

Distance and direction from nearest town or city street address of well if located within city?  
 From Wright, Kansas - 2 miles South & 6 miles East

2 WATER WELL OWNER: Mrs. William (Mary) Nau  
 RR#, St. Address, Box # :  
 City, State, ZIP Code : Spearville, Kansas 67876

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 .... 106 ... ft. below land surface measured on mo/day/yr ... 7-17-90 .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..30.... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter... 10... 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 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes.....No...xx.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes xx 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	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	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.... 240..... ft. to ... 270..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From.... 58..... ft. to ... 140..... ft., From ..... ft. to ..... ft.  
 From 145 ft. to 275 ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug .....

Grout Intervals: From.... 5..... ft. to ... 58..... ft., From.... 140..... ft. to ... 145..... 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? Northeast How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Top soil, claichie & sand rock layer			
20	45	Sand rock in layers & clay			
45	200	Blue shale			
200	220	Eray clay & sand stone in layers			
220	280	Sand stone			
280	280	Red clay & 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) ..... 7-17-90 ..... 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) ..... 7-31-90..... under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) *Joseph Crist*

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.