

1 LOCATION OF WATER WELL: County: GRAY		Fraction NE 1/4	Township Number 2	Range Number 29 E
Distance and direction from nearest town or city street address of well if located within city? <b>25' EAST OF SW House Corner AT FIRST &amp; EDWARDS, INGALLS</b>				
2 WATER WELL OWNER: JEFF Ohman RR#, St. Address, Box # Box 214 City, State, ZIP Code INGALLS, KS 67853		Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N +---+---+   NW   NE   +---+---+ W         E +---+---+   SW   SE   +---+---+ S</div>		4 DEPTH OF COMPLETED WELL: 54 ft. ELEVATION: Depth(s) Groundwater Encountered 1. 46 ft. 2.    ft. 3.    ft. WELL'S STATIC WATER LEVEL 46 ft. below land surface measured on mo/day/yr 7/18/91 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    in. to    ft., and    in. to    ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>1 Domestic</u> 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 _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____		
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter 5 in. to    ft., Dia.    in. to    ft., Dia.    in. to    ft. Casing height above land surface    in., weight    lbs./ft. Wall thickness or gauge No.		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ 5 Wrought iron 8 Concrete tile 6 Asbestos-Cement <u>9 Other (specify below)</u> 7 Fiberglass GALVANIZED 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    ft. to    ft., From    ft. to    ft. GRAVEL PACK INTERVALS: From    ft. to    ft., From    ft. to    ft.		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From 10 ft. to 5 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 <u>16 Other (specify below)</u> GARAGE Direction from well? EAST How many feet? 10'				
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS		
		54 46 CHOKORINATED SAND		
		46 10 COMPACTED SUBSOIL		
		10 5 BENTONITE		
		5 0 SOIL		
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)    and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.    This Water Well Record was completed on (mo/day/yr) 7/18/91 under the business name of KSA by (signature) Danny H. Rogers				
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.				