

1 LOCATION OF WATER WELL: <input checked="" type="checkbox"/>		Fraction	Section Number	Township Number	Range Number
County: FRAY		$\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$	25	T 26 S	R 29 EW

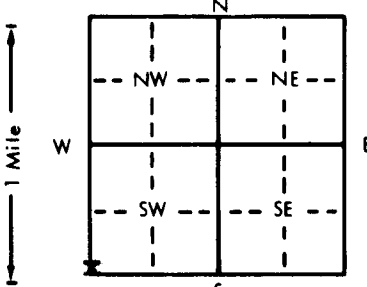
Distance and direction from nearest town or city street address of well if located within city?
 5 MILES SOUTH HWY 286 FROM INGALLS 1 MILE EAST NE SIDE

2 WATER WELL OWNER: RICHARD MILLERSHASKI
RR#, St. Address, Box # : INGALLS, KS. 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... 217 ft. ELEVATION:



Depth(s) Groundwater Encountered 1. 22 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 110 ft. below land surface measured on mo/day/yr 3/1/85

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 9.7/8 in. to 235 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well
<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well	<input type="checkbox"/> 12 Other (Specify below)

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:

R)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> . . . Clamped
	6 Asbestos-Cement	9 Other (specify below)	Welded
	7 Fiberglass		Threaded

Blank casing diameter **5** in. to . . . **197** ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface **12** in., weight **200** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

7 PVC	10 Asbestos-cement
8 RMP (SR)	11 Other (specify)
9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

GS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
ill slot	6 Wire wrapped	9 Drilled holes	
ay punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 197 ft. to 217 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **50** ft. to **217** 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 4 ft. to 25 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	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well? **east**

How many feet? **100**

[illegible]

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) . . . 3/1/85 . . . and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 172 This Water Well Record was completed on (mo/day/yr) 6/18/85
under the business name of JONAGAN DRILLING CO. by (signature) [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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.