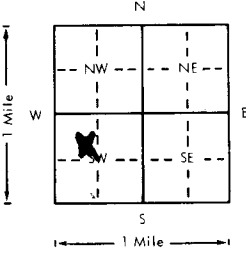


<b>1 LOCATION OF WATER WELL</b>		Fraction	Section Number	Township Number	Range Number		
County: <b>GRAY CO.</b>		$\frac{1}{4}$ $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$	<b>26</b>	T <b>26</b> S	R <b>29</b> <b>EW</b>		
Distance and direction from nearest town or city? <b>6 M. S INGALLS</b>			Street address of well if located within city?				
<b>2 WATER WELL OWNER:</b>							
RR#, St. Address, Box # <b>INGALLS, KS. 67853</b>			Board of Agriculture, Division of Water Resources Application Number:				
<b>3 DEPTH OF COMPLETED WELL</b> <b>199</b> ft. Bore Hole Diameter <b>9 7/8</b> in. to . . . . . ft., and . . . . . in. to . . . . . ft.							
Well Water to be used as:							
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 5 Public water supply			
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 6 Oil field water supply			
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 8 Air conditioning		<input type="checkbox"/> 9 Dewatering			
<input type="checkbox"/> 10 Observation well		<input type="checkbox"/> 11 Injection well		<input type="checkbox"/> 12 Other (Specify below)			
Well's static water level <b>89</b> ft. below land surface measured on <b>10/13/83</b> month . . . . . day . . . . . year							
Pump Test Data							
Est. Yield		gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm		Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm			
<b>4 TYPE OF BLANK CASING USED:</b>							
<input checked="" type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron			
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement			
<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> 8 Concrete tile		<input type="checkbox"/> 9 Other (specify below)			
Blank casing dia <b>5</b> in. to <b>279</b> ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.							
Casing height above land surface <b>18</b> in., weight <b>200</b> lbs./ft. Wall thickness or gauge No . . . . .							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input checked="" type="checkbox"/> PVC			
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 5 Fiberglass			
<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 9 ABS		<input type="checkbox"/> 11 Other (specify)		<input type="checkbox"/> 12 None used (open hole)			
Screen or Perforation Openings Are:							
<input type="checkbox"/> 1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped			
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped			
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 8 Saw cut		<input type="checkbox"/> 11 None (open hole)			
<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 9 Drilled holes		<input type="checkbox"/> 12 Other (specify)			
Screen-Perforation Dia <b>5</b> in. to <b>20</b> ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.							
Screen-Perforated Intervals:							
From <b>179</b> ft. to <b>199</b> ft.		From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.			
From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.			
Gravel Pack Intervals:							
From <b>50</b> ft. to <b>199</b> ft.		From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.			
From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.		From . . . . . ft. to . . . . . ft.			
<b>5 GROUT MATERIAL:</b>							
<input type="checkbox"/> 1 Neat cement		<input checked="" type="checkbox"/> Cement grout		<input type="checkbox"/> 3 Bentonite			
<input type="checkbox"/> 4 Other		<input type="checkbox"/> 5 Grouted Intervals: From <b>3</b> ft. to <b>20</b> ft.		<input type="checkbox"/> 6 Grouted Intervals: From . . . . . ft. to . . . . . ft.			
What is the nearest source of possible contamination:							
<input checked="" type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon			
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard			
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens			
<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 11 Fertilizer storage		<input type="checkbox"/> 14 Abandoned water well			
<input type="checkbox"/> 12 Insecticide storage		<input type="checkbox"/> 15 Oil well/Gas well		<input type="checkbox"/> 16 Other (specify below)			
<input type="checkbox"/> 13 Watertight sewer lines		<input type="checkbox"/> 17 Direction from well <b>north</b> How many feet <b>150</b>		<input type="checkbox"/> 18 Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted . . . . . month . . . . . day . . . . . year							
If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .							
Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.							
Type of pump:							
<input type="checkbox"/> 1 Submersible		<input type="checkbox"/> 2 Turbine		<input type="checkbox"/> 3 Jet			
<input type="checkbox"/> 4 Centrifugal		<input type="checkbox"/> 5 Reciprocating		<input type="checkbox"/> 6 Other			
<b>6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on <b>6/84</b> month . . . . . day . . . . . year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>172</b>							
This Water Well Record was completed on <b>6/84</b> month . . . . . day . . . . . year under the business name of <b>JONAGAN DRILLING CO.</b> by (signature) <i>[Signature]</i>							
<b>7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>							
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	7	TOP SOIL			
		7	23	BROWN SANDY CLAY			
		23	50	GRAY CLAY			
		50	59	BROWN SANDY CLAY			
		59	116	COURSE GRAVEL			
		116	122	HARD ROCK & CLAY			
		122	183	BROWN SANDY CLAY			
183	197	FINE TO MED SAND AND GRAVEL					
ELEVATION:							
Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)							
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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