

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: GRAY		NE 1/4 SW 1/4	21	T 26 S	R 30 E/W
Distance and direction from nearest town or city street address of well if located within city? 6 1/2 M. SOUTH CHARLESTON 2 1/2 M. WEST					
2 WATER WELL OWNER: MARK ISSAC					
RR#, St. Address, Box # : INGALLS, KS. 67853			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code :			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 280 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL 113 ft. below land surface measured on mo/day/yr 2/13/81			
		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 314 ft., and in. to ft.			
WELL WATER TO BE USED AS:					
<input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded 7 Fiberglass    Threaded					
Blank casing diameter 5 in. to 260 ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface 18 in., Weight 200 lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input checked="" type="checkbox"/> PVC    10 Asbestos-cement 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <input checked="" type="checkbox"/> 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 260 ft. to 280 ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout    3 Bentonite    4 Other					
Grout intervals: From 5 ft. to 25 ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 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? ne    How many feet? 100					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	TOP SOIL	255	277	FINE TO MED SAND AND GRAVEL
5	68	FINE SAND			
68	120	COURSE GRAVEL			
120	130	BROWN SANDY CLAY			
130	141	COURSE GRAVEL			
141	155	BROWN SANDY CLAY			
155	160	<del>170</del> FINE TO MED SAND			
160	170	BROWN SANDY CLAY			
170	175	HARD ROCK			
175	180	REAL FINE SAND			
180	195	REAL HARD ROCK			
195	205	BROWN CLAY			
205	213	FINE TO MED SAND			
213	214	HARD ROCK			
214	255	BROWN CLAY			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2/13/81 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) 4/82					
under the business name of JONAGAN DRILLING CO. 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					