

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>GRAY</u>		<u>W 1/4 NW 1/4 NW 1/4</u>	<u>14</u>	<u>T 27 S</u>	<u>R 30 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>15 Miles SW of INGALLS KS</u>					
2 WATER WELL OWNER: <u>MYRL I RPAZIER</u>					
RR#, St. Address, Box #: <u>Box 65</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>INGALLS KS 67853</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>999</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>999</u> ft. below land surface measured on mo/day/yr			
		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:					
<div style="display: flex; justify-content: space-between;"> 5 Public water supply 8 Air conditioning 11 Injection well </div> <div style="display: flex; justify-content: space-between;"> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) </div> <div style="display: flex; justify-content: space-between;"> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well </div>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
<div style="display: flex; justify-content: space-between;"> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ </div> <div style="display: flex; justify-content: space-between;"> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ </div> <div style="display: flex; justify-content: space-between;"> Blank casing diameter <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. </div> <div style="display: flex; justify-content: space-between;"> Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____ </div>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<div style="display: flex; justify-content: space-between;"> 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement </div> <div style="display: flex; justify-content: space-between;"> 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) <u>NA</u> </div> <div style="display: flex; justify-content: space-between;"> SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) </div> <div style="display: flex; justify-content: space-between;"> 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes </div> <div style="display: flex; justify-content: space-between;"> 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>NA</u> </div>					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<div style="display: flex; justify-content: space-between;"> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well </div> <div style="display: flex; justify-content: space-between;"> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well </div> <div style="display: flex; justify-content: space-between;"> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>NONE</u> </div> <div style="display: flex; justify-content: space-between;"> Direction from well? How many feet? </div>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		ABANDONED HOUSE	999	5	COARSE GRAVEL
		WELL DRY HOLE	5	0	CEMENT
		PLUGGED WITH			
		NO COARSE GRAVEL			
		LAST 5' WITH			
		CEMENT			
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) <u>6-1-91</u> 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) <u>6-5-91</u>					
under the business name of _____ by (signature) <u>Don Denton</u>					
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.					

OFFICE USE ONLY

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