

| | | | | |
|--------------------------|-------------------------------------|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: Haskell | SW ¼ NW ¼ SW ¼ | 31 | T 27 S | R 31 E/W |

Distance and direction from nearest town or city? **10 North, 4 1/2 East of Sublette**

Street address of well if located within city?

2 WATER WELL OWNER: **Emil Nightengale**
 RR#, St. Address, Box #: **Sublette, Kansas 67877**
 City, State, ZIP Code: _____

Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: **388** ft. Bore Hole Diameter: **9 7/8** in. to **388** ft., and _____ in. to _____ ft.

Well Water to be used as:

| | | |
|--------------------------|------------------------|--------------------------|
| 5 Public water supply | 8 Air conditioning | 11 Injection well |
| 1 Domestic | 3 Feedlot | 9 Dewatering |
| 2 Irrigation | 4 Industrial | 10 Observation well |
| 6 Oil field water supply | 7 Lawn and garden only | 12 Other (Specify below) |

Well's static water level: **213** ft. below land surface measured on **August** month **23** day **1979** year

Pump Test Data: Well water was _____ ft. after _____ hours pumping, _____ gpm

Est. Yield: **25-30** gpm: Well water was _____ ft. after _____ hours pumping, _____ gpm

4 TYPE OF BLANK CASING USED:

| | | | |
|--------------------|------------|-------------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) |
| XXX PVC | 4 ABS | 7 Fiberglass | |

Blank casing dia: **5** in. to **388** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **.265**

TYPE OF SCREEN OR PERFORATION MATERIAL: **XXX** PVC

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 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 XXX | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 9 Drilled holes | |
| | | 7 Torch cut | 10 Other (specify) | |

Screen-Perforation Dia: **5** in. to **388** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From **308** ft. to **388** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From **14** ft. to **388** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: **XXX** Neat cement

Grouted Intervals: From **4** ft. to **14** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | | |
|-----------------|---------------|------------------|---------------------------|-------------------------------------|
| 1 Septic tank | 4 Cess pool | 7 Sewage lagoon | 10 Fuel storage | XXX Abandoned water well |
| 2 Sewer lines | 5 Seepage pit | 8 Feed yard | 11 Fertilizer storage | 15 Oil well/Gas well |
| 3 Lateral lines | 6 Pit privy | 9 Livestock pens | 12 Insecticide storage | 16 Other (specify below) |
| | | | 13 Watertight sewer lines | |

Direction from well: **Southwest** How many feet: **10** ? Water Well Disinfected? Yes **XXX** No

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XXX** If yes, date sample was submitted _____ month _____ day _____ year

Pump Installed? Yes **XXX** No _____

If Yes: Pump Manufacturer's name: **Aermotor** Model No. **SD12-200** HP **2** Volts **220**

Depth of Pump Intake: **294** ft. Pumps Capacity rated at **10** gal./min.

Type of pump: **XXX** Submersible

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **December** month **8** day **1979** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**

This Water Well Record was completed on **December XX** month **17** day **1979** year under the business name of **Friesen Windmill & Supply Inc.** by (signature) _____

| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|--|------|-----|----------------------------------|------|----|----------------|
| | 0 | 8 | Top Soil | | | |
| | 8 | 32 | Clay | | | |
| | 32 | 108 | Fine Sand with Clay Streaks | | | |
| | 108 | 260 | Med. to Lar. Sand & Gravel | | | |
| | 260 | 285 | Blue Clay | | | |
| | 285 | 408 | Med. Sand with Blue Clay Streaks | | | |

ELEVATION: **Upland**

Depth(s) Groundwater Encountered **Not available** 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
T
37
R
31
EW
SEC.
SW 1/4 NW 1/4 SW 1/4