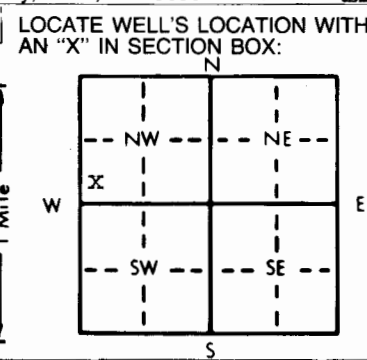


LOCATION OF WATER WELL: County: **Haskell** Fraction: **SW 1/4 SW 1/4 NW 1/4** Section Number: **31** Township Number: **T 27 S** Range Number: **R 31 E/W**

Distance and direction from nearest town or city street address of well if located within city?
7 North, 7 West, 1/2 North of Copeland, Kansas

WATER WELL OWNER: **John Nightengale**
 RR#, St. Address, Box #: **R.R., Box 277**
 City, State, ZIP Code: **El Campo, Texas 77437**
 Board of Agriculture, Division of Water Resources
 Application Number: **---**



DEPTH OF COMPLETED WELL: **398** ft. ELEVATION: **Upland**
 Depth(s) Groundwater Encountered: 1. **Not available** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **200** ft. below land surface measured on **mo/day/yr** **September 10, 1981**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9 7/8** in. to **398** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 2 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 **XX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **XX** No

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter: **5** in. to **238** ft., ~~dia XXXXX~~ **258** in. to **338** 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:
 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 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **238** ft. to **258** ft., From _____ ft. to _____ ft.
 From **338** ft. to **398** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **398** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout 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 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? **Northwest** How many feet? **75**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Topsoil	387	405	Blue Clay w/Sandy Brown Clay
2	95	Clay w/Streaks Fine Sand	405	408	Clay
95	120	Med. to Lar. Sand			
120	180	Med. to Lar. Sand & Gravel			
180	230	Med. to Lar. Sand			
230	250	Fine Sand			
250	260	Blue Clay			
260	270	Fine Sand			
270	325	Blue Clay			
325	345	Med. to Lar. Sand			
345	367	Blue Clay w/Sand Brown Clay			
367	375	Fine Sand			
375	380	Blue Clay w/Sand Brown Clay			
380	387	Very Fine Sand			

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) **September 11, 1981** 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 (mo/day/yr) **September 18, 1981** under the business name of **Friesen Windmill & Supply Inc.** 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.

OFFICE USE ONLY
T 27 R 31
SEC 31
SW 1/4 SW 1/4 NW 1/4