

1) LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Gray</u>		NW 1/4 NW 1/4 SW 1/4		3		T 28 S		R 30 E	
Distance and direction from nearest town or city street address of well if located within city?									
<u>Approximately 7 miles north & 1 1/2 east of Copeland.</u>									
2) WATER WELL OWNER: <u>Manford Nichols</u>									
RR#, St. Address, Box # : <u>HCR 1, Box 48A</u>									
City, State, ZIP Code : <u>Sublette, Ks. 67877</u>									
Board of Agriculture, Division of Water Resources									
Application Number: <u>14,449</u>									
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
4) DEPTH OF COMPLETED WELL: <u>380</u> ft. ELEVATION: _____									
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.									
WELL'S STATIC WATER LEVEL <u>160</u> ft. below land surface measured on mo/day/yr <u>6-14-90</u>									
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:									
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes <u>X</u> No _____									
5) TYPE OF BLANK CASING USED:									
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____									
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>3'</u> below _____ weight _____ lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)									
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 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>3</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ Water well _____									
Direction from well? <u>South</u> How many feet? <u>150'</u>									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
380 160 Sand									
160 6 Clay									
6 3 Cement									
3 0 Backfill									
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>June 14, 1990</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>145</u> This Water Well Record was completed on (mo/day/yr) <u>June 25, 1990</u> under the business name of <u>Henkle Drilling & Supply Co., Inc.</u> by (signature) <u>Bruce Richmond</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.									