

<b>1 LOCATION OF WATER WELL:</b>			Fraction <b>SW ¼ SW ¼ SW ¼</b>		Section Number <b>23</b>		Township Number <b>T 28 S</b>		Range Number <b>R 31 E/W</b>																																																																			
County: <b>Haskell</b>					Distance and direction from nearest town or city street address of well if located within city? <b>3West 3North of Copeland Ks</b>																																																																							
<b>2 WATER WELL OWNER: Mike Nightnegale</b> RR#, St. Address, Box # : <b>1011 XX Rd.</b> City, State, ZIP Code : <b>Copeland, KS 67837</b>					<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																							
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>			<b>4 DEPTH OF COMPLETED WELL 520 ft.</b>																																																																									
<div style="text-align: center;"> </div>			Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 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 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes <b>X</b> No _____																																																																									
			<b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ 2 PVC 4 ABS 7 Fiberglass _____ <b>Eagle-Loc</b> _____ Threaded _____ Blank casing diameter _____ 5 in. to _____ 520 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. <b>SDR21&amp;17</b>																																																																									
			TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																																																									
			SCREEN-PERFORATED INTERVALS: From _____ 420 ft. to _____ 460 ft. From _____ 500 ft. to _____ 520 ft. _____ ft. to _____ ft. _____ ft. to _____ ft. _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ 25 ft. to _____ 520 ft. From _____ ft. to _____ ft. _____ ft. to _____ ft. _____ ft. to _____ ft. _____ ft. to _____ ft. _____ ft. to _____ ft.																																																																									
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____																																																																												
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What is the nearest source of possible contamination:																																																																												
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well <b>None observed</b>																																																																												
Direction from well? _____ How many feet? _____																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>topsoil</td> <td>520</td> <td>573</td> <td>Brown clay</td> </tr> <tr> <td>5</td> <td>80</td> <td>Brown clay</td> <td>573</td> <td>580</td> <td>shale</td> </tr> <tr> <td>80</td> <td>320</td> <td>Fine to med sand &amp; clay stks.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>320</td> <td>398</td> <td>Brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>398</td> <td>424</td> <td>Med sand &amp; 50% clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>424</td> <td>437</td> <td>Brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>460</td> <td>Fine to med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>480</td> <td>Sandyclay &amp; fine to med sand stks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>480</td> <td>500</td> <td>Brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>500</td> <td>520</td> <td>Brown clay a few sand stks</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	5	topsoil	520	573	Brown clay	5	80	Brown clay	573	580	shale	80	320	Fine to med sand & clay stks.				320	398	Brown clay				398	424	Med sand & 50% clay				424	437	Brown clay				437	460	Fine to med sand				460	480	Sandyclay & fine to med sand stks				480	500	Brown clay				500	520	Brown clay a few sand stks			
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/09/08</u> and this record is true to the best of my knowledge and belief.																																																																												
Kansas Water Well Contractor's License No. <u>473</u> . This Water Well Record was completed on (mo/day/year) <u>4/09/08</u> under the business name of <u>Tyler Water Well Inc.</u> by (signature) _____																																																																												
<b>INSTRUCTIONS:</b> Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .																																																																												