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| LOCATION OF WATER WELL: County: Haskell | | Fraction NE 1/4 NE 1/4 SE 1/4 | Section Number 1 | Township Number T 28 S | Range Number R 32 E/W |
| Distance and direction from nearest town or city street address of well if located within city? 4 1/2 East on Hwy. 56, 9 1/2 North from Sublette, Kansas | | | | | |
| WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code | | Emil Nightengale Sublette, Kansas 67877 | | | |
| | | Board of Agriculture, Division of Water Resources Application Number: ---f | | | |
| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 417 ft. ELEVATION: Slope | | | |
| | | Depth(s) Groundwater Encountered 1. Not available 2. _____ ft. 3. _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL 267 ft. below land surface measured on mo/day/yr Dec. 12, 1990 | | | |
| | | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | |
| | | Bore Hole Diameter 10 in. to 417 ft., and _____ in. to _____ ft. | | | |
| | | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | |
| | | <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | |
| | | 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ | | | |
| | | Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ | | | |
| TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ | | | |
| 1 Steel 3 RMP (SR) | | Welded _____ | | | |
| <input checked="" type="checkbox"/> PVC 4 ABS | | Threaded _____ | | | |
| Blank casing diameter 5 in. to 380 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | |
| Casing height above land surface 18 in., weight 2.8 lbs./ft. Wall thickness or gauge No. .265 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | <input checked="" type="checkbox"/> PVC 10 Asbestos-cement | | | |
| 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: | | <input checked="" type="checkbox"/> Saw cut 11 None (open hole) | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 9 Drilled holes | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ | | | | | |
| SCREEN-PERFORATED INTERVALS: From 380 ft. to 417 ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 417 ft., From _____ ft. to _____ ft. | | | | | |
| GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <input checked="" type="checkbox"/> Other Baroid Hole Plug | | | | | |
| Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | |
| What is the nearest source of possible contamination: | | 10 Livestock pens 14 Abandoned water well | | | |
| <input checked="" type="checkbox"/> Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | |
| Direction from well? West | | How many feet? 100 | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | TESTING INTERVALS |
| 0 | 4 | Topsoil | 345 | 417 | Med. to Lar. Sand |
| 4 | 21 | Clay | | | |
| 21 | 56 | Fine Sand | | | |
| 56 | 62 | Clay | | | |
| 62 | 94 | Med. to Lar. Sand | | | |
| 94 | 114 | Clay | | | |
| 114 | 127 | Med. to Lar. Sand | | | |
| 127 | 171 | Clay | | | |
| 171 | 182 | Med. to Lar. Sand | | | |
| 182 | 210 | Blue Clay and Med. to Lar. Sand | | | |
| 210 | 239 | Clay | | | |
| 239 | 260 | Med. to Lar. Sand | | | |
| 260 | 264 | Clay | | | |
| 264 | 294 | Med. to Lar. Sand | | | |
| 294 | 345 | Blue Clay | | | |
| 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) December 13, 1990 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) December 17, 1990 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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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OFFICE USE ONLY

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