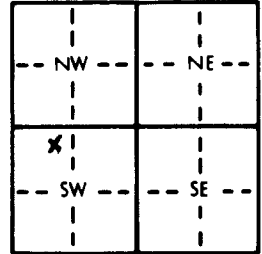


1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 SW 1/4 Section Number 32 Township Number T 29 S Range Number R 18 EW
 County: Kiowa

Distance and direction from nearest town or city street address of well if located within city?
From Greensburg, 1 mile west, 10 1/2 miles south on Hwy. 183, then 1/4 mile east.

2 WATER WELL OWNER: Scott Nichols
 RR#, St. Address, Box #: Rt. 1 Box 37 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Greensburg, Ks. 67054 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  DEPTH OF COMPLETED WELL: 90 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 37 ft. below land surface measured on mo/day/yr 1-22-02
 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: 7 7/8 in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 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 ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 PVC 4 ABS 7 Fiberglass Threaded _____

Blank casing diameter: 5 in. to 50 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 16 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 21

TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 5 Gauzed wrapped Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 50 ft. to 90 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 90 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 20 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)
In Pasture

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	15	Brown clay + caliche			
15	30	Fine sand			
30	31	White rock			
31	35	Fine sand			
35	38	Brown sandy clay			
38	40	Brown clay			
40	45	Fine sand + white rock			
45	55	Fine sand			
55	79	Brown sandy clay			
79	90	Fine sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1-22-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 533 This Water Well Record was completed on (mo/day/yr) 2-4-02 under the business name of Jantzen Water Well Repair 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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