

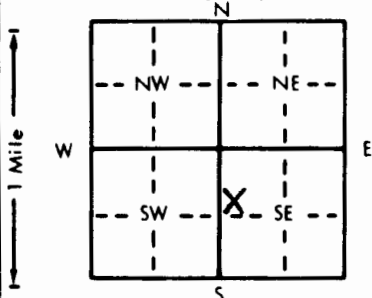
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>	<u>SW 1/4 NW 1/4 SE 1/4</u>	<u>11</u>	T <u>29</u> S	R <u>5</u> E/W

Distance and direction from nearest town or city street address of well if located within city?

54 N. Norwich

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	Application Number:
City, State, ZIP Code :	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL:	ELEVATION:
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Depth(s) Groundwater Encountered 1. 74 ft. 2. 38 ft. 3. 52 ft. 4. 69 ft.

WELL'S STATIC WATER LEVEL 37 ft. below land surface measured on mo/day/yr 5-29-91

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 10 in. to 74 ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No

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

2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter _____ in. to 34 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. SPR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 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 34 ft. to 74 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 74 ft. 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 <u>Barnid-Hole Plug</u>
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Grout Intervals: From 3 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)

Direction from well? S How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
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0 2 Soil

2 7 Sandy Soil

7 19 Clay

19 39 Mod. Sand

39 74 Red Shale

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-29-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>6-4-91</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</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.