

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																
County: <u>Kingman</u>		<u>NW</u> $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	<u>6</u>	<u>T 29 S</u>	<u>R 7 W E/W</u>																																																
Distance and direction from nearest town or city street address of well if located within city?																																																					
<u>North edge of Cleveland</u>																																																					
2 WATER WELL OWNER: <u>Clarence Henning</u>																																																					
RR#, St. Address, Box # : <u>Rt 3</u>																																																					
City, State, ZIP Code : <u>Kingman, Ks. 67068</u>																																																					
Board of Agriculture, Division of Water Resources Application Number:																																																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>82</u> ft. ELEVATION:																																																			
		Depth(s) Groundwater Encountered 1. <u>62</u> ft. 2. _____ ft. 3. _____ ft.																																																			
		WELL'S STATIC WATER LEVEL <u>47</u> ft. below land surface measured on mo/day/yr <u>10-11-94</u>																																																			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																			
		Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																			
		Bore Hole Diameter <u>9</u> in. to <u>82</u> ft., and _____ in. to _____ ft.																																																			
		WELL WATER TO BE USED AS:																																																			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well <u>2 Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring 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 _____ No _____																																																			
5 TYPE OF BLANK CASING USED:																																																					
1 Steel 3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>5</u> in. to <u>63</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>15</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>.210</u>																																																					
CASING JOINTS: <u>Glued</u> _____ Clamped _____ <u>Welded</u> _____ Threaded _____																																																					
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																					
1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 12 None used (open hole)																																																					
SCREEN OR PERFORATION OPENINGS ARE:																																																					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____																																																					
SCREEN-PERFORATED INTERVALS: From <u>63</u> ft. to <u>76</u> ft., From _____ ft. to _____ ft.																																																					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>82</u> ft., From _____ ft. to _____ ft.																																																					
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____																																																					
Grout Intervals: From <u>3</u> ft. to <u>23</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination:																																																					
1 <u>Septic tank</u> 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) _____ 13 Insecticide storage																																																					
Direction from well? <u>E</u> How many feet? <u>200</u>																																																					
<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>2</td> <td>soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>6</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>14</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td>37</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>62</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>62</td> <td>77</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>77</td> <td>82</td> <td>clay & hard lime stone</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	soil				2	6	clay				6	14	sand				14	37	clay				37	62	clay				62	77	sand				77	82	clay & hard lime stone			
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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>10-11-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo/day/yr) <u>11-12-94</u> under the business name of <u>Lyman Inc.</u> by (signature) <u>[Signature]</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.