

1 LOCATION OF WATER WELL: County: Kingman Fraction SE 1/4 NE 1/4 SE 1/4 SW 1/4 Section Number 8 Township Number T 29 S Range Number R 9 E W

2 WELL OWNER: Last Name: Thimesch First: Jack Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
 Business: Address: 11716 SW 80th St. Approximately 6 miles north and 9 miles west of Spivey.
 Address: City: Spivey State: KS ZIP: 67142

3 LOCATE WELL WITH "X" IN SECTION BOX:

N	
--NW--	--NE--
--SW-- _x	--SE--
S	

----- 1 mile -----

4 DEPTH OF COMPLETED WELL: 112 ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 45 ft.
 below land surface, measured on (mo-day-yr) 11/08/17
 above land surface, measured on (mo-day-yr)
 Pump test data: Well water was not checked ft.
 after _____ hours pumping _____ gpm
 Well water was _____ ft.
 after _____ hours pumping _____ gpm
 Estimated Yield: _____ gpm
 Bore Hole Diameter: 9 in. to 115 ft. and _____ in. to _____ ft.

5 Latitude: 37.531948 (decimal degrees)
Longitude: -98.328629 (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____) (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: Unknown ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. Irrigation	3. Feedlot	4. Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	6. <input type="checkbox"/> Dewatering: how many wells? _____	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	8. <input type="checkbox"/> Monitoring: well ID _____	9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease	11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input checked="" type="checkbox"/> Other (specify): Supply Well
--	---------------	------------	---------------	--	---	---	---	---	--	---	---	--

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC CASING JOINTS: Glued Clamped Welded Threaded Other
 Casing diameter 5 in. to 90 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 24 in. Weight 2.36 lbs./ft. Wall thickness or gauge No. 215
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
 SCREEN-PERFORATED INTERVALS: From 90 ft. to 110 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 115 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) None Known Distance from well? _____ ft.
 Direction from well? _____

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	9	Topsoil	76	80	Clay, brown, sandy
9	12	Clay, yellow, white	80	95	Sand & gravel, medium to very fine, clay streaks, brown
12	20	Clay, brown	95	100	Sand, fine to very fine
20	21	Cemented sand	100	115	Sand & gravel, very fine to medium, with clay streaks
21	43	Clay, brown			
43	49	Sand & gravel, fine to medium			
49	55	Clay, brown, sandy			
55	75	Sand & gravel, fine to medium			
75	76	Clay, gray			

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 11/08/17 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo-day-year) 11/13/17
 under the business name of Clarke Well & Equipment, Inc. Signature _____