

X Well # 11 Corrected Copy

1 LOCATION OF WATER WELL:
 County: Norton
 Fraction: NE 1/4 NE 1/4 NW 1/4
 Section Number: 33
 Township Number: T 2 S
 Range Number: R 21 E **(W)**

Distance and direction from nearest town or city street address of well if located within city? Approximately 3 1/4 miles south and 1 mile east of Almena

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39.841524
 Longitude: -99.694272
 Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: City of Almena
 RR#, St. Address, Box # : 415 Main Street
 City, State, ZIP Code : Almena, KS 67622

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

		X	
--NW--			--NE--
--SW--			--SE--

N
E
S

4 DEPTH OF COMPLETED WELL 183 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 107 ft. below land surface measured on mo/day/yr. 03-19-07

Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm

Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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 Domestic (lawn & garden) 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 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 _____
(2) PVC 4 ABS 7 Fiberglass Threaded _____

Blank casing diameter 8 in. to 157 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., weight 8.25 lbs./ft. Wall thickness or gauge No. 500

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel **(3)** Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
(1) Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____

SCREEN-PERFORATED INTERVALS: From 157 ft. to 182 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 147 ft. to 183 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 50% Bentonite Holeplug/50% Sand
 Compacted Soil Bentonite Holeplug

Grout Intervals: From 0-5 ft. to 5-30 ft., From _____ ft. to 137-147 ft., From 30 ft. to 137 ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage **(16)** Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well None known

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil	105	182	Sand and cemented sand, with some clay, white and brown
3	15	Clay, brown, soft			
15	22	Cemented sand	182	183	Clay, white and tan
22	26	Cemented sand, hard			
26	40	Cemented sand, with clay			
40	50	Sand and cemented sand, with some clay, brown			
50	73	Sand and cemented sand, with some clay, tan			
73	94	Clay, brown, soft, with sand streaks			
94	105	Cemented sand, with clay, white			

CORRECTED

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 03-19-07 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) 03-27-07
 Under the business name of Clarke Well & Equipment, 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.