

<b>1 LOCATION OF WATER WELL:</b> County: <u>Kearney</u>		Fraction: <u>S 1/4 E 1/4 SE 1/4</u>	Section Number: <u>8</u>	Township Number: <u>T 30 S</u>	Range Number: <u>R 10 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 mile west of 1/2 mile North of Nashville Kansas</u>					
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box #: <u>Nashville Kansas</u> City, State, ZIP Code: <u>Route 2 67112</u>			Board of Agriculture, Division of Water Resources Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>600</u> ft. ELEVATION: _____ ft.			
<p>1 Mile scale bar</p>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>11-19-85</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>12</u> in. to <u>60</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Domestic <input type="radio"/> Feedlot <input type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> Other (Specify below) <input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Lawn and garden only <input type="radio"/> Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>(X)</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <u>(X)</u> Yes _____ No			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel      3 RMP (SR)		5 Wrought iron      8 Concrete tile		CASING JOINTS: Glued <u>(X)</u> Clamped _____	
<u>(2)</u> PVC      4 ABS		6 Asbestos-Cement      9 Other (specify below)		Welded _____	
Blank casing diameter <u>5</u> in. to <u>60</u> feet		7 Fiberglass		Threaded _____	
Casing height above land surface <u>2 feet</u> in., weight _____ lbs./ft.		Wall thickness or gauge No. <u>14</u>			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel      3 Stainless steel      5 Fiberglass		<u>(7)</u> PVC      10 Asbestos-cement			
2 Brass      4 Galvanized steel      6 Concrete tile		8 RMP (SR)      11 Other (specify) _____			
		9 ABS      12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
<u>(1)</u> Continuous slot      3 Mill slot		5 Gauzed wrapped      8 Saw cut      11 None (open hole)			
2 Louvered shutter      4 Key punched		6 Wire wrapped      9 Drilled holes			
		7 Torch cut      10 Other (specify) _____			
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> <u>(1)</u> Neat cement      2 Cement grout      3 Bentonite      4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<u>(1)</u> 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)			
		13 Insecticide storage			
Direction from well?		How many feet? <u>100 feet east</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
TOP	Soil				
1	10	White Hgt			
20	30	White Hgt			
30	40	Sand and clay			
40	50	Sand and clay			
50	60	Sand and clay			
<u>Total Depth of well 60 feet Clay Bottom</u>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>224</u> This Water Well Record was completed on (mo/day/yr) <u>11-19-85</u> under the business name of <u>Urban Well Service</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					