

1 LOCATION OF WATER WELL:		Fraction <u>1/4 NW 1/4 SE 1/4</u>	Section Number <u>17</u>	Township Number <u>T 30 S</u>	Range Number <u>R 10 EW</u>
County: <u>KINOSHA</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>3 1/2 miles South West of Nashville Kansas</u>					
2 WATER WELL OWNER: <u>Alvin Duckie</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box: <u>Box 10 Nashville Kansas</u>			Application Number:		
City, State, ZIP Code: <u>67112</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr <u>4-14-94</u>			
		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: <u>12</u> in. to <u>70</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Blank casing diameter: <u>5</u> in. to <u>45</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface: <u>2 feet above</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>160 49</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:					
<input checked="" type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout Intervals: From <u>1</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <u>100 feet East</u> <input type="checkbox"/> 13 Insecticide storage			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	10	Soft Clay			
10	20	Clay White			
20	30	Clay White			
30	40	Soft Clay			
40	50	Soft Clay			
50	60	Soft Clay			
60	70	Coarse Gravel			
Total Depth 70 feet Clay Bottom					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-14-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>226</u> This Water Well Record was completed on (mo/day/yr) <u>4-14-94</u> under the business name of <u>Water Well Service</u> by (signature) <u>Chen A Weber</u>					