

|   |           |   |                   |                              |  |
|---|-----------|---|-------------------|------------------------------|--|
| 1 LOCATION OF WATER WELL:   |           | Fraction  | Section Number    | Township Number              | Range Number   |
| County: <u>Kansas</u>   |           | <u>NE 1/4 NW 1/4</u>  | <u>20</u>         | <u>T 30 S</u>                | <u>R 10 E/W</u>  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1 Mile South &amp; East of Nashville Kansas</u>   |           |   |                   |                              |  |
| 2 WATER WELL OWNER:   |           | Board of Agriculture, Division of Water Resources   |                   |                              |  |
| RR#, St. Address, Box #:  |           | Application Number:   |                   |                              |  |
| City, State, ZIP Code:  |           |   |                   |                              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |           | 4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION: . . . . . ft.   |                   |                              |  |
|   |           | Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.   |                   |                              |  |
|   |           | WELL'S STATIC WATER LEVEL . . . <u>50</u> ft. below land surface measured on mo/day/yr <u>120-86</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>70</u> ft., and . . . . . in. to . . . . . ft.  |                   |                              |  |
|   |           | WELL WATER TO BE USED AS:   |                   |                              |  |
|   |           | <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 12 Other (Specify below) |                   |                              |  |
|   |           | 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:  |           |   |                   |                              |  |
| 1 Steel   |           | 3 RMP (SR)  | 5 Wrought iron    | 8 Concrete tile              | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped . . . . . |
| <input checked="" type="radio"/> PVC  |           | 4 ABS   | 6 Asbestos-Cement | 9 Other (specify below)      | Welded . . . . .   |
|   |           |   | 7 Fiberglass      |                              | Threaded . . . . .   |
| Blank casing diameter . . . <u>5</u> in. to <u>70</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.   |           |   |                   |                              |  |
| Casing height above land surface . . . <u>2 feet</u> in., weight . . . . . lbs./ft. Wall thickness or gauge No. <u>14</u>   |           |   |                   |                              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |           |   |                   |                              |  |
| 1 Steel   |           | 3 Stainless steel   | 5 Fiberglass      | 8 RMP (SR)                   | 10 Asbestos-cement   |
| 2 Brass   |           | 4 Galvanized steel  | 6 Concrete tile   | 9 ABS                        | 11 Other (specify) . . . . .   |
|   |           |   |                   |                              | 12 None used (open hole)   |
| SCREEN OR PERFORATION OPENINGS ARE:   |           |   |                   |                              |  |
| <input checked="" type="radio"/> 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) . . . . . |  |
| SCREEN-PERFORATED INTERVALS: From . . . <u>50</u> ft. to <u>70</u> ft., From . . . . . ft. to . . . . . ft.   |           |   |                   |                              |  |
| From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  |           |   |                   |                              |  |
| GRAVEL PACK INTERVALS: From . . . <u>10</u> ft. to <u>70</u> ft., From . . . . . ft. to . . . . . ft.   |           |   |                   |                              |  |
| From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  |           |   |                   |                              |  |
| 6 GROUT MATERIAL:   |           |   |                   |                              |  |
| <input checked="" type="radio"/> Neat cement  |           | 2 Cement grout  | 3 Bentonite       | 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="radio"/> 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? <u>North</u>   |           | How many feet? <u>100 North</u>   |                   |                              |  |
| FROM  | TO        | LITHOLOGIC LOG  | FROM              | TO                           | LITHOLOGIC LOG   |
| <u>1</u>  | <u>10</u> | <u>Clay</u>   |                   |                              |  |
| <u>10</u>   | <u>20</u> | <u>Clay and sand</u>  |                   |                              |  |
| <u>20</u>   | <u>30</u> | <u>Clay and sand</u>  |                   |                              |  |
| <u>30</u>   | <u>40</u> | <u>Clay and sand</u>  |                   |                              |  |
| <u>40</u>   | <u>50</u> | <u>Clay and sand</u>  |                   |                              |  |
| <u>50</u>   | <u>60</u> | <u>Sand fine</u>  |                   |                              |  |
| <u>60</u>   | <u>70</u> | <u>Coarse sand</u>  |                   |                              |  |
| <u>70</u>   | <u>70</u> | <u>Sand fine Total depth 70 feet on clay</u>  |                   |                              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>120-86</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>2246</u> This Water Well Record was completed on (mo/day/yr) <u>01-20-86</u> under the business name of <u>Webb Well Service</u> by (signature) <u>Leon A. Webb</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.  |           |   |                   |                              |  |