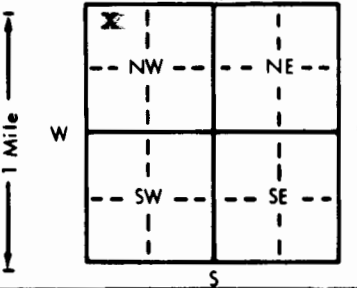


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Kingman		SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	36	T 30 S	R 10 E
Distance and direction from nearest town or city street address of well if located within city? 2 east 2 1/2 south Nashville					
2 WATER WELL OWNER: Mrs. Eleanor Mattal					
RR#, St. Address, Box # : Nashville, Kansas 67112					
City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources					
Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 52 ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. 27 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 3 ft. below land surface measured on mo/day/yr 4-26-88			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 9 in. to 52 ft., and _____ in. to _____ ft.			
		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 Lawn and garden only 10 Observation 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 BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter 5 in. to 42 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 15 in., weight _____ lbs./ft. Wall thickness or gauge No. 214					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 <u>Saw cut</u>	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 42 ft. to 52 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 13 ft. to 52 ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____	
Grout Intervals: From 3 ft. to 13 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u>		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? south west				How many feet? 100	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	soil			
3	12	dirty sand			
12	19	clean sand			
19	32	clay			
32	52	clean sand			
Could not Grout 20 ft on account of water					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-26-88 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 140 This Water Well Record was completed on (mo/day/yr) 5-6-88					
under the business name of Lyman inc. by (signature) <i>Elmer Lyman</i>					
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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