

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>		<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>10</u>	T <u>30</u> S	R <u>6</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1 E, 2 S. Adams</u>					
2 WATER WELL OWNER: <u>Gary Allender</u>					
RR#, St. Address, Box # : <u>RT. 1 Box 49</u>					
City, State, ZIP Code : <u>Rago, Ks. 67128</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITHIN AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: <u>74</u> ft. ELEVATION: <u>70</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. <u>28</u> ft. 3. <u>61</u> ft.			
		WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr <u>8-7-91</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>10</u> in. to <u>74</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)			
		<input type="checkbox"/> 2 Irrigation    4 Industrial    7 Lawn and garden only    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 checked="" type="checkbox"/> 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped					
<input checked="" type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below) <input type="checkbox"/> Welded					
<input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> Threaded					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement					
<input type="checkbox"/> 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____					
<input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot    3 Mill slot    5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut    11 None (open hole)					
<input type="checkbox"/> 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes					
<input type="checkbox"/> 7 Torch cut    10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: 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 <u>Baroid - Hole plug</u>					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank    4 Lateral lines    7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens    14 Abandoned water well					
<input type="checkbox"/> 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well					
<input type="checkbox"/> 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) _____					
13 Insecticide storage					
Direction from well? <u>W</u> How many feet? <u>100</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>Soil</u>			
<u>3</u>	<u>19</u>	<u>Sandy Clay</u>			
<u>19</u>	<u>74</u>	<u>Red Shale</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <input checked="" type="checkbox"/> constructed, (2) <input type="checkbox"/> reconstructed, or (3) <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>8-7-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>10-18-91</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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