

1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 NE 1/4		Section Number 30	Township Number T 32 S	Range Number R 8 W																																										
County: Harper		Global Positioning System (decimal degrees. min. of 4 digits)																																												
Distance and direction from nearest town or city street address of well if located within city? 132 S Main St, Attica, KS		Latitude: N 37.23906°																																												
2 WATER WELL OWNER: Wright Oil Inc (J.G Wright)		Longitude: W 98.22525°																																												
RR#, St. Address, Box # : PO Box 367		Elevation: RIM: 1453.48; TOC: 1453.31																																												
City, State, ZIP Code : Medicine Lodge, KS 67104		Datum: above mean sea level																																												
		Data Collection Method: legal survey																																												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 19 ft.																																												
<div style="display: flex; justify-content: space-around;"> N E </div> <table border="1" style="margin: auto; text-align: center; width: 100px;"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td>X</td> <td>NE</td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> </table> <div style="display: flex; justify-content: space-around;"> W E </div> <div style="display: flex; justify-content: space-around;"> S </div>					NW	X	NE	SW		SE	MW6 Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 11.48 ft. below land surface measured on mo/day/yr 9/10/09 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																																			
NW	X	NE																																												
SW		SE																																												
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr Sample was submitted _____		Water Well Disinfected? Yes _____ No X																																												
5 TYPE OF CASING USED:		CASING JOINTS: Glued _____ Clamped _____																																												
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____		Threaded X																																												
2 PVC 4 ABS 7 Fiberglass																																														
Blank casing diameter 2 in. to 9 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																														
Casing height below land surface 0.17 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____																																														
TYPE OF SCREEN OR PERFORATION MATERIAL:																																														
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____																																														
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)																																														
SCREEN OR PERFORATION OPENINGS ARE:																																														
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)																																														
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																														
SCREEN-PERFORATED INTERVALS: From 9 ft. to 19 ft. From _____ ft. to _____ ft.																																														
GRAVEL PACK INTERVALS: From 7 ft. to 19 ft. From _____ ft. to _____ ft.																																														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2																																														
Grout Intervals From 2 ft. to 7 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																														
What is the nearest source of possible contamination:																																														
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)																																														
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well																																														
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well																																														
Direction from well? southwest How many feet? ~100ft																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Concrete</td> <td>10</td> <td>14</td> <td>Sand, tan, fine to coarse, with some fine gravel, iron staining, wet</td> </tr> <tr> <td>1</td> <td>3</td> <td>Sand, brown, fine to coarse, with silt, some fine gravel, slightly moist</td> <td>14</td> <td>19</td> <td>Shale, maroon red, moist</td> </tr> <tr> <td>3</td> <td>5</td> <td>Sand, red brown, fine to coarse, slightly moist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>8</td> <td>Sand, tan, fine to coarse, with some fine gravel, slightly moist</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>10</td> <td>Sand, tan, fine to coarse, with some fine gravel, iron staining, slightly moist</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Flushmount waiver from BOW</td> </tr> </tbody> </table>					FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	1	Concrete	10	14	Sand, tan, fine to coarse, with some fine gravel, iron staining, wet	1	3	Sand, brown, fine to coarse, with silt, some fine gravel, slightly moist	14	19	Shale, maroon red, moist	3	5	Sand, red brown, fine to coarse, slightly moist				5	8	Sand, tan, fine to coarse, with some fine gravel, slightly moist				8	10	Sand, tan, fine to coarse, with some fine gravel, iron staining, slightly moist									Flushmount waiver from BOW
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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) 9/10/09 and this record is true to the best of my knowledge and belief.																																														
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 10/12/09																																														
under the business name of Larsen & Associates, Inc. by (signature) _____																																														
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .																																														