1 LOCATION OF WATER WELL: Section Number Township Number Range Number Fraction County: Mess de WF 1/4 WW 1/4 SE 1/4 Distance and direction from nearest town or city street address of well if located within city? *30* ENT) 2 WATER WELL OWNER: Don Tho-pe RR#, St. Address, Box # Board of Agriculture, Division of Water Resources Application Number: AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1......ft. 2......ft. 3.......ft. NE --WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well W Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial SE --- -Was a chemical/bacteriological sample submitted to Department? Yes. No. . . . ; If yes, mo/day/yrs sample was sub-Water Well Disinfected? Yes No mitted 5 Wrought iron CASING JOINTS: Glued. Clamped. 5 TYPE OF BLANK CASING USED: 8 Concrete tile 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel (2)PVC 4 ABS 7 Fiberglass **O**PVC TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-cement 5 Fiberglass 8 RMP (SR) 3 Stainless steel 11 Other (specify) 1 Steel 9 ABS 2 Brass 4 Galvanized steel 6 Concrete tile 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 5 Gauzed wrapped 11 None (open hole) Mill slot 4 Key punched 6 Wire wrapped 9 Drilled holes 1 Continuous slot 7 Torch cut 2 Louvered shutter ft. to 2 5 5 ft., From ft. to ft. to ft. to ft. SCREEN-PERFORATED INTERVALS: From. Bentonite 2 Cement grout 6 GROUT MATERIAL: 1 Neat cement Abandoned water well What is the nearest source of possible contamination: 10 Livestock pens 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 1 Septic tank 12 Fertilizer storage 16 Other (specify below) 5 Cess pool 8 Sewage lagoon 2 Sewer lines 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? /600 Direction from well? FROM TO LITHOLOGIC LOG **FROM** PLUGGING INTERVALS 215-315 0 5" Eagle PUL 1120 SDR-17 250 PSI 730 FASTM DZZ41 WellCasing 16-0 ASTM F480-89 BLIDIHOUTINGSNE 19 22 02:39 01148 55 55 70 top to 215 Certainteed 5"5DR 21/40 PUC 128 70 132 Will Comy IC-1 ASTAL F480-02 132 NSF-WC MOSKIKI WC 654244 290 by (signature) 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