

1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 10 Township Number T 3 S Range Number R 17 EW

Distance and direction from nearest town or city street address of well if located within city?
 3 miles North and 1 mile West of GRETNA

2 WATER WELL OWNER: KEVIN COOMES
 RR#, St. Address, Box # : PO BOX 92 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : PHILLIPSBURG KS 67661 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 2x2 grid with 'X' in the NW quadrant]

4 DEPTH OF COMPLETED WELL 62 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 47 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 47 ft. below land surface measured on mo/day/yr 7-13-05
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 7 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
 XX Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No XX; If yes, mo/day/yrs sample was submitted
 Water Well Disinfected? Yes _____ No XX

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 XX PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 47 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: XX PVC 10 Asbestos-Cement
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft.

SCREEN-PERFORATED INTERVALS: From 47 ft. to 62 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 40 ft. to 62 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout XX Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 30 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 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	40	HARD YELLOW CLAY			
40	45	SOFT GRAY CLAY			
45	55	FINE SAND			
55	62	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (XX) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-13-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 444 This Water Well Record was completed on (mo/day/yr) 7-13-05 under the business name of ANDY ANDERSON DRILLING by (signature) Andy Anderson

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, 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.