

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Phillips</u>		<u>NW 1/4 NE 1/4 NE 1/4</u>	<u>29</u>	T <u>4</u> S	R <u>18</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>3 miles West of Gladstone</u>					
2 WATER WELL OWNER: <u>PM I</u>					
RR#, St. Address, Box # : <u>PO Box 74 Logan Kansas 67646</u>					
City, State, ZIP Code : <u>Logan Kansas 67646</u> 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: <u>70</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>50</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>50</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <u>15</u> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <u>10</u> in. to <u>70</u> ft. and in. to ft.			
WELL WATER TO BE USED AS:					
<input checked="" type="radio"/> Domestic <input type="radio"/> Feedlot <input type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> Injection well <input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Lawn and garden only <input type="radio"/> Monitoring well <input type="radio"/> Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded <input type="checkbox"/>					
Blank casing diameter <u>5</u> in. to <u>50</u> ft. Dia. in. to ft. Dia. in. to ft.					
Casing height above land surface <u>24</u> in. weight <u>160</u> lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) <input type="checkbox"/>					
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>70</u> ft. From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>70</u> ft. From ft. to ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout 3 Bentonite 4 Other <input type="checkbox"/> Grout Intervals: From <u>0</u> ft. to <u>25</u> 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 <u>120 feet SW of new well</u>					
Direction from well? <u>SW of new well</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	18	Surface Clay			
18	26	Hard white rock			
26	35	fine sand			
35	40	Hard clay			
40	62	fine sand			
62	68	med. sand			
68	70	Blue shale			
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) <u>9-2-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>444</u> This Water Well Record was completed on (mo/day/yr) <u>9-2-91</u> under the business name of <u>Anderson Drilling</u> by (signature) <u>Anderson</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					