

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Graham	C ¼ N 1/2' ¼ SE ¼	33	T 6 S	R 22 EW		
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Jason E. Nelson						
RR#, St. Address, Box # : 3450 B 300 Ave			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Lenora, KS 67645			Application Number: 20060478			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 105 ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr				
		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 8 in. to 105 ft. and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well				
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feed lot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)				
		<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden (domestic) <input type="checkbox"/> 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 _____ No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		
<input checked="" type="checkbox"/> PVC		4 ABS		6 Asbestos-Cement		
		7 Fiberglass		8 Concrete tile		
Blank casing diameter 4.5 in. to 65 ft., Dia				9 Other (specify below) _____		
Casing height above land surface 18 in., weight 2.38 lbs./ft.				CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped		
				Welded _____		
				Threaded _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		<input checked="" type="checkbox"/> PVC		
2 Brass		4 Galvanized steel		7 RMP (SR)		
				8 Asbestos-cement		
				9 ABS		
				10 Other (specify) _____		
				11 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		
2 Louvered shutter		4 Key punched		6 Wire wrapped		
				7 Torch cut		
				8 Saw cut		
				9 Drilled holes		
				10 Other (specify) _____		
				11 None (open hole)		
SCREEN-PERFORATED INTERVALS: From 65 ft. to 105 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 105 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____						
Grout Intervals From 0 ft. to 20 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		
2 Sewer lines		5 Cess pool		8 Sewage lagoon		
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		
				10 Livestock pens		
				11 Fuel storage		
				12 Fertilizer storage		
				13 Insecticide storage		
				14 Abandoned water well		
				15 Oil well/ Gas well		
				16 Other (specify below) _____		
				None		
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	16		Loess			
16	29		Clay w/caliche strks			
29	63		Fine sand w/sandstone & clay Strks			
63	76		Caliche & clay w/sandstone			
76	80		Fine to some med sand w/clay Strks			
80	93		Fine to med sand w/caliche Lenses			
93	95		Clay			
95	99		Med sand w/clay lenses			
99	105		Yellow ochre /brown shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/yr) 12-15-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 12-22-06 under the business name of Woofter Pump & Well by (signature) <i>[Signature]</i>						

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