

1 LOCATION OF WATER WELL  
 County: Graham Fraction: NW 1/4 SE 1/4 SE 1/4 Section Number: 9 Township Number: T 6 S Range Number: R 25 EW

Distance and direction from nearest town or city? 3 1/2 mi. South New Alamo  
 Street address of well if located within city?

2 WATER WELL OWNER: H. L. Bangie  
 RR#, St. Address, Box #: Box 304  
 City, State, ZIP Code: Lenora Ks 67645  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 170 ft. Bore Hole Diameter: 8 in. to 170 ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 120 ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Styrene  
 2 PVC 4 ABS 7 Fiberglass  
 Blank casing dia: 5 in. to 170 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 12 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. SDR 21  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) styrene  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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) \_\_\_\_\_  
 Screen-Perforation Dia: 5 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 150 ft. to 170 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From 10 ft. to 170 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From 0 ft. to 10 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) \_\_\_\_\_  
 13 Watertight sewer lines \_\_\_\_\_  
 Direction from well \_\_\_\_\_ How many feet \_\_\_\_\_ ? Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name \_\_\_\_\_ Model No. \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Depth of Pump Intake \_\_\_\_\_ ft. Pumps Capacity rated at \_\_\_\_\_ gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other \_\_\_\_\_

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on June month 2 day 1984 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 990  
 This Water Well Record was completed on June month 30 day 1984 year under the business name of Buck's Water Well Drilling by (signature) Bernard Minium

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	60	clay			
60	85	rock			
85	105	clay			
105	120	sand			
120	125	rock			
125	145	clay			
145	170	sand & rock			
170		Flint rock			

ELEVATION:

Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.