

1 LOCATION OF WATER WELL:			Fraction <b>SE ¼ SW ¼ SW ¼</b>	Section Number <b>22</b>	Township Number <b>27</b>	Range Number <b>R 04</b>	E	
Distance and direction from nearest town or city street address of well if located within city? <b>610 W. 7th Ave., Augusta</b>								
2 WATER WELL OWNER: <b>Coastal Mart Inc.</b>								
RR#, St. Address, Box # : <b>2 N. Nevada</b>				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <b>Colorado Springs, CO 80903</b>				Application Number:				
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:								
		4 DEPTH OF COMPLETED WELL <b>19.43</b> ft. ELEVATION: <b>1221.23 (TOC)</b> Depth(s) Groundwater Encountered <b>1 16</b> ft. <b>2</b> ft. <b>3</b> ft. WELL'S STATIC WATER LEVEL <b>13.80</b> ft. below land surface measured on mo/day/yr Pump test data: Well water was <b>ft. after</b> hours pumping <b>gpm</b> Est. Yield <b>gpm</b> : Well water was <b>ft. after</b> hours pumping <b>gpm</b> Bore Hole Diameter <b>8</b> in. to <b>20</b> ft. and in. to <b>ft.</b> WELL WATER TO BE USED AS: <b>5</b> Public water supply <b>8</b> Air conditioning <b>11</b> Injection well <b>1</b> Domestic <b>3</b> Feed lot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below) <b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Lawn and garden (domestic) <b>10</b> Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input 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 _____ Clamped _____		
2 PVC		4 ABS		6 Asbestos-Cement	9 Other (specify below)	Welded		
Blank casing diameter <b>2</b>		in. to <b>20</b> ft., Dia		7 Fiberglass		Threaded	<b>Flush</b>	
Casing height above land surface <b>Flush</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>								
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)		
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	12 None used (open hole)		
SCREEN-PERFORATED INTERVALS: From <b>9.43</b> ft. to <b>19.43</b> ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Intervals From <b>2</b> ft. to <b>8</b> 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)		
17 Direction from well? How many feet?								
FROM	TO	CODE	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<b>0</b>	<b>10</b>		<b>Lean Clay</b>					
<b>10</b>	<b>15</b>		<b>Silty Lean Clay</b>					
<b>15</b>	<b>20</b>		<b>Sandy Clay to Clayey Sand</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>10/30/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12/1/06</b>								
under the business name of <b>Geotechnical Services Inc.</b> by (signature)								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								