

1 LOCATION OF WATER WELL: County: **Logan** Fraction: **NE 1/4 NW 1/4 SW 1/4** Section Number: **33** Township Number: **T 15 S** Range Number: **R 34 EW**

Distance and direction from nearest town or city street address of well if located within city?
10 3/4 miles West 15 1/2 miles North of Scott City, Kansas

2 WATER WELL OWNER: **Gary Tucker**
 RR#, St. Address, Box #: **RFD # 3 Box 77**
 City, State, ZIP Code: **Scott City, Kansas 67871**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N

NW	NE
X	SE

S

W E

4 DEPTH OF COMPLETED WELL: **45** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **45** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **25** ft. below land surface measured on mo/day/yr **5/16/88**

NA 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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Monitoring well	<input checked="" type="checkbox"/> 12 Other (Specify below) Stockwell

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

5 TYPE OF CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ Clamped _____
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded _____
<input type="checkbox"/> Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify) _____	<input type="checkbox"/> Threaded _____

Casing height above land surface **12** in., weight **2.765** lbs./ft. Wall thickness or gauge No. **258**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) _____
<input type="checkbox"/> 12 None used (open hole)	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 10 Other (specify) _____	<input type="checkbox"/> 11 Other (specify) _____	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 10 Other (specify) _____
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____	<input type="checkbox"/> 11 None (open hole)	<input type="checkbox"/> 12 None used (open hole)	<input type="checkbox"/> 13 Insecticide storage

SCREEN-PERFORATED INTERVALS: From **25** ft. to **45** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **45** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **4** ft. to **25** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input checked="" type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 14 Abandoned water well	<input type="checkbox"/> 15 Oil well/Gas well	<input type="checkbox"/> 16 Other (specify below)	<input type="checkbox"/> 17 Other (specify below)

Direction from well? **East** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	37	Clay	37	42	Sand
42	45	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) **5/16/88** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **232**. This Water Well Record was completed on (mo/day/yr) **5/26/88** under the business name of **Weishaar Drilling & Supply Inc.** by (signature) *[Signature]*