

1 LOCATION OF WATER WELL: County: Ness Fraction SW 1/4 NE 1/4 NE 1/4 Section Number 8 Township Number T 16 S Range Number R 23 E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Jake Henderson
 RR#, St. Address, Box #: 711 Ora Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Scott City, Ks. 67871 Application Number:

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

4 DEPTH OF COMPLETED WELL: 77 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 44 ft. below land surface measured on mo/day/yr
 Pump test data: Well water was 46 ft. after 2 hours pumping 30 gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8 3/4 in. to 77 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 Monitoring well
 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 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 _____
 _____ _____ 7 Fiberglass _____ Threaded _____
 Blank casing diameter: 5 in. to 77 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 2 in. 24 in., weight 200 psi 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) _____
 _____ _____ _____ _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: .25
 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-PERFORATED INTERVALS: From 77 ft. to 57 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 77 ft. to 56 ft., From 97 ft. to 30 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 57 ft. to 47 ft., From 30 ft. to 6 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)
 _____ _____ _____ _____ _____
 Direction from well? South How many feet? 55

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top Soil			
4	15	Yellow Clay			
15	18	Gyp			
18	20	Clay			
20	28	Gyp			
28	30	Clay Gyp			
30	37	Clay			
37	40	Sand			
40	50	Clay			
50	55	Sandy Clay			
55	70	Sand - Med			
70	75	Gravel-3/4"			
75	77	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12-28-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 640 This Water Well Record was completed on (mo/day/yr) 12-28-99 under the business name of Sagers Pump Service by (signature) Clark Sagers

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.

OFFICE USE ONLY T R E/W SEC. 1/4 1/4 1/4