

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>NESS</b>	<b>SE 1/4 SE 1/4 SW 1/4</b>	<b>28</b>	<b>T 18 S</b>	<b>R 25 SW</b>

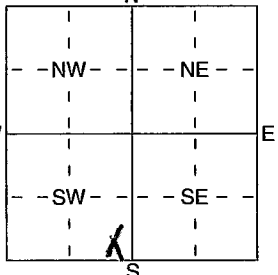
Distance and direction from nearest town or city street address of well if located within city?

**3 MILES WEST OF LAIRD KS**

2 WATER WELL OWNER: **LARRY YAEGER**

RR#, St. Address, Box # : **2584 LESLIE LANE** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **CANON CITY CO 81212** Application Number:

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



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

Depth(s) Groundwater Encountered 1 ..... **3.5** ..... ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... **3.5** ..... ft. below land surface measured on mo/day/yr **10-03-03**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... **20** ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Domestic (lawn & garden)	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)

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 <input checked="" type="checkbox"/> Clamped .....
<del>2 PVC</del>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
		7 Fiberglass		Threaded .....

Blank casing diameter ..... **5** ..... in. to **2.5** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **1.8** ..... in., weight ..... **1.60** ..... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<del>8 PVC</del>	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify) .....
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<del>3 Mill slot</del>	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) .....	ft.

SCREEN-PERFORATED INTERVALS: From ..... **2.5** ..... ft. to ..... **4.5** ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **2.5** ..... ft. to ..... **4.5** ..... ft., From ..... ft. to ..... ft.

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

Grout intervals: From ..... **0** ..... ft. to ..... **2.5** ..... 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)
			13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	20	GRAY CLAY			
20	30	FINE <del>MA</del> SAND			
30	40	MED SAND			
40	45	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~XIX~~ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **10-03-03** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **444** ..... This Water Well Record was completed on (mo/day/yr) ..... **10-03-03** ..... under the business name of **ANDY ANDERSON DRILLING** by (signature) *Andy Anderson*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.