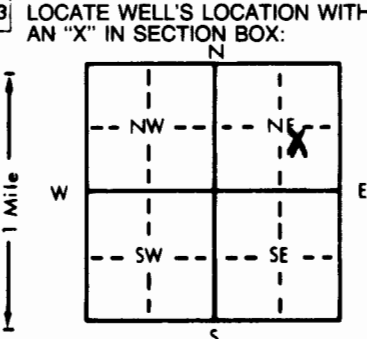


1 LOCATION OF WATER WELL: County: Scott Fraction: NW 1/4 SE 1/4 NE 1/4 Section Number: 30 Township Number: T 18 S Range Number: R 32 EW
 Distance and direction from nearest town or city street address of well if located within city? SE of Scott City

2 WATER WELL OWNER: Mike Kimball
 RR#, St. Address, Box #: _____
 City, State, ZIP Code: Ulysses KS Board of Agriculture, Division of Water Resources
 Application Number: 025 Vested



4 DEPTH OF COMPLETED WELL: 229 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1200 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 30 in. to 229 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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) 6 Asbestos-Cement 9 Other (specify below) _____
 2 PVC 4 ABS 7 Fiberglass _____
 Blank casing diameter: 16 in. to 139 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 0250
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 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 6 Wire wrapped 1050 slot 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes
 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 139 ft. to 229 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 229 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 20 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 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage None
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	25	Overburden & Clay			
25	31	Sand			
31	53	Clay			
53	83	Clay w/ sand lens.			
83	155	Sand w/ clay lenses			
155	165	Clay			
165	178	Sand			
178	199	Sand & Clay lenses			
199	225	Sand			
225	229	Blue 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) 6-5-88 and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. 300 This Water Well Record was completed on (mo/day/year) 9-29-88
 under the business name of Scott City by (signature) [Signature]

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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SEC.
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