

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Scott	NW 1/4 SW 1/4 NW 1/4	13	T 18 S	R 34

Distance and direction from nearest town or city? **7 Miles West**
3/4 Miles North of Scott City, Kansas

Street address of well if located within city?

2 WATER WELL OWNER: **Excel Hogs Inc.**
 RR#, St. Address, Box #: **Box 426**
 City, State, ZIP Code: **Scott City, Kansas 67871**

Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **145** ft. Bore Hole Diameter: **9** in. to **145** ft., and in. to ft.

Well Water to be used as:

1 Domestic	3 <u>Feedlot</u>	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level: **122** ft. below land surface measured on **7** month **18** day **1979** year

Pump Test Data: Well water was **135** ft. after **6** hours pumping. **55** gpm

Est. Yield **50** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 <u>RMP (SR)</u>	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 <u>ABS</u>	7 Fiberglass	

Casing Joints: Glued Clamped
 Welded
 Threaded

Blank casing dia: **5** in. to **125** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **12** in., weight 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 <u>ABS</u>	11 Other (specify)
				12 None used (open hole)

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 <u>Drilled holes</u>	
		7 Torch cut	10 Other (specify)	

Screen-Perforation Dia: **5** in. to **145** ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **125** ft. to **145** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **115** ft. to **145** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Drill cuttings

Grouted Intervals: From **15** ft. to **115** ft., From **4** ft. to **15** ft., From ft. to ft.

What is the nearest source of possible contamination:

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

Direction from well: **South** How many feet: **1320** ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted month day year Pump Installed? Yes No

If Yes: Pump Manufacturer's name: **Red Jacket** Model No. **13FC** HP **5** Volts **460**

Depth of Pump Intake: **140** ft. Pumps Capacity rated at **50** gal./min.

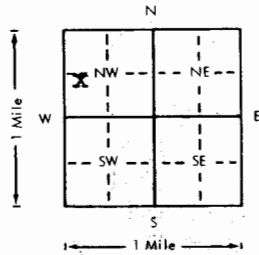
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **7** month **25** day **1979** year

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 **8** month **6** day **1979** year under the business name of **Weishaar Drilling & Supply Inc.** by (signature) *[Signature]*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		0	25	25	37	Clay	25	37	37	42
		37	40	40	Clay	40	42	42	54	Sand rock
		42	50	50	Fine sand clay streaks	50	54	54	61	Rock
		54	59	59	Sand	59	61	61	98	Rock
		61	68	68	Fine sand	68	98	98	111	Sand
		98	107	107	Sandy clay	107	111	111	145	Sand rock
		111	140	140	Sand	140	145	145		Clay yellow



ELEVATION:

Depth(s) Groundwater Encountered 1. **122** ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.