

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rush</u>	SE ¼ SE ¼ SW ¼	36	T 19 S	R 16 EW

WATER WELL OWNER:	Duke Drilling Co., Inc.	
RR#, St. Address, Box # :	P.O. Box 823	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Great Bend, KS 67530	Application Number: T91-0140

W	NW	NE	E	WELL'S STATIC WATER LEVEL . . . 29 . . . ft. below land surface measured on mo/day/yr . . . . .
	SW	SE		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 . . . 9 . . . in. to . . . . . ft., and . . . . . in. to . . . . . ft. WELL WATER TO BE USED AS:      5 Public water supply      8 Air conditioning      11 Injection well 1 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 <input checked="" type="checkbox"/> . . . . .; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes                      No <input checked="" type="checkbox"/>

Blank casing diameter . . . . . 5 . . . . . in. to . . . 104 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . . . 12 . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .

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 Drilled holes	
		7 Torch cut	10 Other (specify) .....	

GROUT MATERIAL:      1 Neat cement                      2 Cement grout                      3 Bentonite                      4 Other .....  
 Grout Intervals:    From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Direction from well?			How many feet?		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS

[illegible]

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.