

1 LOCATION OF WATER WELL: County: <u>POWELL</u>		Fraction: <u>NW 1/4 NE 1/4 NE 1/4</u>		Section Number: <u>32</u>		Township Number: <u>T 21 S</u>		Range Number: <u>R 16 EW</u>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code		<u>Deans Co Service</u> <u>1323 Broadway</u> <u>Larned KS</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		Board of Agriculture, Division of Water Resources Application Number: <u>2078.36</u>							
4 DEPTH OF COMPLETED WELL		50 ft. ELEVATION: <u>2078.36</u>							
Depth(s) Groundwater Encountered		1. <u>1991.62</u> ft. 2. _____ ft. 3. _____ ft.							
WELL'S STATIC WATER LEVEL		<u>1991.62</u> ft. below land surface measured on mo/day/yr <u>9/16/99</u>							
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		<u>40</u> in. to <u>50</u> 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		<u>10 Monitoring well</u>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, mo/day/yr sample was submitted _____							
Water Well Disinfected? Yes _____ No <u>X</u>									
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____							
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____									
<u>2 PVC</u> 4 ABS 7 Fiberglass Threaded <u>✓</u>									
Blank casing diameter _____ in. to <u>30</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>Flush</u> in. weight _____ lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>2 PVC</u> 10 Asbestos-cement							
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:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)							
<u>1</u> Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS:		From <u>50</u> ft. to <u>30</u> ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS:		From <u>50</u> ft. to <u>29</u> ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____							
Grout Intervals: From <u>29</u> ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
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									
Direction from well? <u>east</u>		How many feet? <u>80</u>							
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0</u> <u>30</u> <u>Brown silty clay</u>									
<u>30</u> <u>50</u> <u>Brown sandy clay</u>									
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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>10-13-99</u> under the business name of <u>Shirley Env. Testing LLC</u> by (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 two 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.									