

1 LOCATION OF WATER WELL: County: <u>Hodgeman</u>	Fraction <u>SE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>4</u>	Township Number <u>T 22 S</u>	Range Number <u>R 21 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1/2 mile north of Gray, KS.

2 WATER WELL OWNER: Melvin Bryant  
 RR#, St. Address, Box #: 903 West 5th Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Larned, KS. 67550 Application Number:

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

4 DEPTH OF COMPLETED WELL: 100 ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: 56 ft. below land surface measured on mo/day/yr 6-9-93  
 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: \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic \_\_\_\_\_ 3 Feedlot \_\_\_\_\_ 5 Public water supply \_\_\_\_\_ 8 Air conditioning \_\_\_\_\_ 11 Injection well \_\_\_\_\_  
 2 Irrigation \_\_\_\_\_ 4 Industrial \_\_\_\_\_ 7 Lawn and garden only \_\_\_\_\_ 10 Monitoring well \_\_\_\_\_ 12 Other (Specify below) \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes hth No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:  
 1 Steel \_\_\_\_\_ 3 RMP (SR) \_\_\_\_\_ 5 Wrought iron \_\_\_\_\_ 8 Concrete tile \_\_\_\_\_ CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC \_\_\_\_\_ 4 ABS \_\_\_\_\_ 6 Asbestos-Cement \_\_\_\_\_ 9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter 16 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height ~~above~~ land surface 36 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel \_\_\_\_\_ 3 Stainless steel \_\_\_\_\_ 5 Fiberglass \_\_\_\_\_ 7 PVC \_\_\_\_\_ 10 Asbestos-cement \_\_\_\_\_  
 2 Brass \_\_\_\_\_ 4 Galvanized steel \_\_\_\_\_ 6 Concrete tile \_\_\_\_\_ 8 RMP (SR) \_\_\_\_\_ 11 Other (specify) NA  
 9 ABS \_\_\_\_\_ 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 Drilled holes \_\_\_\_\_  
 7 Torch cut \_\_\_\_\_ 10 Other (specify) NA  
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 56 1 Neat cement \_\_\_\_\_ 2 Cement grout \_\_\_\_\_ 3 Bentonite \_\_\_\_\_ 4 Other \_\_\_\_\_  
 Grout Intervals: From 56 ft. to 0 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) NONE  
 13 Insecticide storage \_\_\_\_\_  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
100	56	Sand and gravel			
56	5	Cement			

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) 6-9-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/yr) 6-22-93 under the business name of Rosencrantz-Bemis by (signature) Judith Hedson

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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