

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Hodgeman</u>	<u>NE</u> ¼ <u>NE</u> ¼ <u>NE</u> ¼	<u>7</u>	T <u>22</u> S	R <u>25</u> E/W

Distance and direction from nearest town or city? _____ Street address of well if located within city? _____

2 WATER WELL OWNER: Sam Henderson
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : Kalvesta, Kansas 67856
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 93 ft. Bore Hole Diameter: 8 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering Other (Specify below) stock
 7 Lawn and garden only 10 Observation well
 Well's static water level: 57 ft. below land surface measured on July month 1 day 1980 year
 Pump Test Data: Well water was 93 ft. after 1/2 hours pumping 12 gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: XX Glued XX Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: 5 in. to 93 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 265 Jetstream

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 ABS 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 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 1/8 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 73 ft. to 93 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From 5 ft. to 93 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 5 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.
 What is the nearest source of possible contamination: None
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 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 _____ How many feet _____ ? Water Well Disinfected? Yes XXX No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXXX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes XXX No
 If Yes: Pump Manufacturer's name Goulds Model No. 10EJ HP 3/4 Volts 230
 Depth of Pump Intake 84 ft. Pumps Capacity rated at 10 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 July month 2 day 1980 year.
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 179
 This Water Well Record was completed on Nov. month 6 day 1980 year under the business name of Joe's Well Service Cimarron, Kansas by (signature) Larry L. Crick

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	15	Top soil & clay & fine sand			
	15	30	Fine to medium sand (dry)			
	30	45	" " " (some coarse sand)			
	45	60	" " " " " "			
	60	75	Medium to coarse sand & clay (10 ft.)			
	75	90	Clay, medium sand, white rock (loose)			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1 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.

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