

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Hodgeman</u>	<u>SW 1/4 S 1/4 NW 1/4</u>	<u>22</u>	<u>T 24 S</u>	<u>R 25 E/W</u>

Distance and direction from nearest town or city: from Junction 156 & 14 St. road 8 miles South & 1 mile West
 Street address of well if located within city?

2 WATER WELL OWNER: John Wilson
 RR#, St. Address, Box #: North Star Route
 City, State, ZIP Code: Dodge City, Kansas 67801
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 105 ft. Bore Hole Diameter: 8 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 81 ft. below land surface measured on August month 29 day 1980 year
 Pump Test Data: Well water was 100 ft. after 1 hours pumping 15 gpm
 Est. Yield: 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
 Casing Joints: Glued ~~Clamped~~ ~~Welded~~ ~~Threaded~~
 Blank casing dia: 5 in. to 105 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 205 Jet stream

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)
 Screen-Perforation Dia: 1/8 in. to 20 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 80 ft. to 100 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 20 ft. to 105 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 4 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
 Direction from well: South How many feet: 20 ? Water Well Disinfected? Yes XXX No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes XXX No
 If Yes: Pump Manufacturer's name: Goulds Model No. 13EM HP 1 Volts 230
 Depth of Pump Intake: 94 ft. Pumps Capacity rated at 13 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 Sept. month 3 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 Crick

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	Top soil & clay			
15	30	Clay			
30	45	Clay & layers of sand rock			
45	60	Clay, layers of sand rock and Fine to medium sand			
60	75	Medium to coarse sand & clay			
75	90	Clay & rock layers with medium sand			
90	105	Medium sand, white clay, rock layers & blue shale (7 ft.)			

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.

OFFICE USE ONLY
T 24
R 25
SEC. 88
SW 1/4
NW 1/4