

1 LOCATION OF WATER WELL  
 County: **Ford** Fraction **Near center** Section Number **19** Township Number **T 25 S** Range Number **R 26 EW**

Distance and direction from nearest town or city? **3 north- $\frac{1}{2}$  west-2-3/4 north-1/4 west Howell, Ks**  
 Street address of well if located within city?

2 WATER WELL OWNER: **Howard Young**  
 RR#, St. Address, Box #: **2410 Bell**  
 City, State, ZIP Code: **Dodge City, Kansas 67801**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **31,234**

3 DEPTH OF COMPLETED WELL: **184** ft. Bore Hole Diameter: **28** in. to **184** 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)  
 Well's static water level: ~~###~~ **103** ft. below land surface measured on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 Pump Test Data: Well water was **106** ft. after **3** hours pumping **600** gpm  
 Est. Yield **1500** gpm: Well water was **125** ft. after **3** hours pumping **1000** gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded **X**  
 2 PVC 4 ABS 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing dia **16** in. to **104** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **12** in., weight **31.66** lbs./ft. Wall thickness or gauge No. **188**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia **16** in. to **184** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From **104** ft. to **184** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From **10** ft. to **184** 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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 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) **center of field**  
 Direction from well \_\_\_\_\_ How many feet \_\_\_\_\_? Water Well Disinfected? Yes \_\_\_\_\_ No **X**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes **X** No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name **Goulds** Model No. **10JMO** HP **60** Volts \_\_\_\_\_  
 Depth of Pump Intake **170** ft. Pumps Capacity rated at **600** 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 **10-1-79** month \_\_\_\_\_ day \_\_\_\_\_ year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **190**  
 This Water Well Record was completed on **10** month \_\_\_\_\_ day **22** day \_\_\_\_\_ year under the business name of **Acc-Hi International** by (signature) **Carl G. Jittel**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		LITHOLOGIC LOG	
	0	3	138	158	FROM	TO	FROM	TO
	3	59	158	160	Surface	158	158	F to med. sand
	59	67	160	174	Cl-sndy cl & col.	160	174	Sandy clay
	67	81	174	179	Sndy cl & 40% f snd	174	179	F to med. snd & cl stks
	81	89	179	181	Br cl	179	181	Med. snd-white rock-cl st
	89	106	181	185	Fine to med. sand	181	185	Yellow & gr cl
	106	115			F to med. snd & 15-40% cl			Shale
	115	131			Yellow & br cl			
	131	134			Fine to med. sand			
	134	137			Sandy clay & fine sand			
	137	138			Fine to med. sand			
ELEVATION:	137	138			Clay			

Depth(s) Groundwater Encountered 1. **103** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed) **2493**

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.