

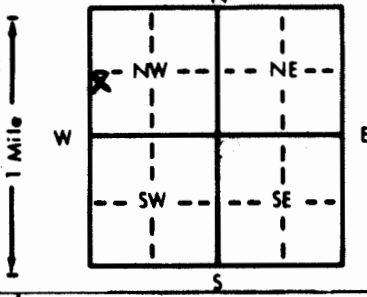
1 LOCATION OF WATER WELL: County: Kearny Fraction: NW 1/4 SW 1/4 NW 1/4 Section Number: 2 Township Number: T 25 S Range Number: R 36 E (W)

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

1 1/2 miles south & 1/4 mile east of Lakin, Ks.

2 WATER WELL OWNER: John Calderon, Jr. Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: R.R. #1, Box 46 Application Number:
 City, State, ZIP Code: Lakin, Ks. 67860

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 270 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 16 ft. below land surface measured on mo/day/yr 2-12-88
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 12 in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

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 _____
 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5 in. to 240 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 200 psi

TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 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: Saw cut 11 None (open hole)
 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-PERFORATED INTERVALS: From 240 ft. to 270 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 250 ft., From _____ ft. to _____ ft.
 From 260 ft. to 270 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout Bentonite 4 Other _____
 Grout Intervals: From 5 ft. to 20 ft., From 250 ft. to 270 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? _____ How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	top soil			
2	10	fine sand			
10	50	coarse sand & gravel			
50	140	brown clay			
140	160	blue clay			
160	220	fine & coarse sand			
220	240	fine sand			
240	270	fine & coarse sand, few clay streaks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-12-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 449 This Water Well Record was completed on (mo/day/yr) 2-17-88 under the business name of Midwest Well & Pump by (signature) Arthur Kuhlman

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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