

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: KEARNY		NW 1/4 SW 1/4 SW 1/4	11	T 25 S	R 36 E/W				
Distance and direction from nearest town or city street address of well if located within city? 3 MILES SOUTH OF CITY OF LAKIN									
2 WATER WELL OWNER: RANDY HAYZLETT									
RR#, St. Address, Box # : ROUTE 1 BOX 44			Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : LAKIN, KANSAS 67860			Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 81 ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 17 ft. 2. ft. 3. ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr							
		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 WAS in. to ft. and in. to ft.		WELL WATER TO BE USED AS:							
1 Domestic		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)				
2 Irrigation		4 Industrial	7 Lawn and garden only	10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes X 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 X				
			7 Fiberglass		Threaded				
Blank casing diameter 6 in. to ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface 96 PIT WELL in. weight lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) NA				
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	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: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From 8 ft. to 4 ft. From ft. to 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)				
				13 Insecticide storage					
Direction from well? EAST				How many feet? 190					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
81'	64'	SAND							
64'	8'	DIRT/CLAY							
8'	4'	DIRT/CLAY CEMENT							
4'	0	FILL DIRT							
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) 8-24-1993 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 9-15-1993 under the business name of by (signature) Randy Hayzlett									
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.									

OFFICE USE ONLY

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