

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ford</u>		<u>SW</u> 1/4 <u>SW</u> 1/4 <u>NE</u> 1/4	<u>29</u>	T <u>26</u> S	R <u>25</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>Hollywood Addition</u>					
2 WATER WELL OWNER: <u>Hettie Keaton</u>					
RR#, St. Address, Box #: <u>Hollywood Addition</u>					
City, State, ZIP Code: <u>Dodge City, KS. 67801</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>160'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>6-25-91</u>			
		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 <u>9 7/8"</u> in. to <u>160'</u> ft., and .... in. to .... ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued ..... Clamped ..... <input checked="" type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded ..... 7 Fiberglass    Threaded .....					
Blank casing diameter <u>5"</u> in. to <u>140'</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.					
Casing height above land surface .... 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)    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-PERFORATED INTERVALS: From <u>140</u> ft. to <u>160</u> ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>72</u> ft., From <u>92</u> ft. to <u>160</u> ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other					
Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From <u>85</u> ft. to <u>93</u> 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 <input checked="" type="checkbox"/> 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? <u>SE</u> How many feet? <u>120'</u>					
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS		
0	20	Dark Topsoil fine to med. sand			
20	40	Med. sand			
40	60	" "			
60	80	med. sand + white layers			
80	100	med - coarse sand brown clay layer			
100	120	" " " " " "			
120	140	med - coarse gravel			
140	160	" " " "			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-25-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>7-11-91</u> under the business name of <u>Jantzen Water Well Repair</u> by (signature) <u>[Signature]</u>					
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					