

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Ford		NE $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	26	T 26 S	R 25 W
Distance and direction from nearest town or city street address of well if located within city? 800 W. Wyatt Earp - Dodge City					
2 WATER WELL OWNER: Coastal Mart #2536					
RR#, St. Address, Box # : 2 N. Nevada Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : Colorado Springs, CO 80903 Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 55 ft. ELEVATION: 2491.48 (TOC)			
		Depth(s) Groundwater Encountered 1 43.5 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 43.75 ft. below land surface measured on mo/day/yr 05/20/08			
		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 8.5 in. to 55 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 _____ No X			
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 _____					
7 Fiberglass _____ Threaded _____ Flush _____					
Blank casing diameter 2 in. to 40 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____					
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) _____					
SCREEN-PERFORATED INTERVALS: From 40 ft. to 55 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 37 ft. to 55 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 1 ft. to 37 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? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0.0	0.5		Concrete		
0.5	8.0		Clay, brown to dark brown, silty		
8.0	27.0		Sand, brown-gray to gray, very fine grained and some silt to 18', medium to coarse grained to 22', coarse grained with some gravel to 27'		
27.0	28.0		No Recovery		
28.0	33.0		Clay, very silty, slightly sandy		
33.0	34.0		No Recovery		
34.0	43.5		Sand, tan to cream, very fine grained		
43.5	45.0		No Recovery		
45.0	55.0		Sand and Gravel, some clay		
THIS IS A REPLACEMENT WELL					
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/yr) 05/20/08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 06/12/08					
under the business name of Geotechnical Services Inc. by (signature) <i>[Signature]</i>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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