

1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 NE 1/4 Section Number 24 Township Number T 26 S Range Number R 25 EW

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

2 WATER WELL OWNER: Grey Gaskill
 RR#, St. Address, Box #: 1902 Hi Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Dodge City, KS. 67801 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 250' ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 95' ft. below land surface measured on mo/day/yr 10-21-94

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 7 7/8" in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

| | | | | |
|--|---------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 9 Dewatering | <input type="checkbox"/> 11 Injection well |
| <input checked="" type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 7 Lawn and garden only | <input type="checkbox"/> 10 Monitoring well | <input type="checkbox"/> 12 Other (Specify below) |

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:

| | | | | |
|---|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped |
| <input checked="" type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 7 Fiberglass | | <input type="checkbox"/> Welded |
| | | | | <input type="checkbox"/> Threaded |

Blank casing diameter 6" in. to 210' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12" in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|----------------------------------|---|--|---|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel | <input type="checkbox"/> 5 Fiberglass | <input checked="" type="checkbox"/> 7 PVC | <input type="checkbox"/> 10 Asbestos-cement |
| <input type="checkbox"/> 2 Brass | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 8 RMP (SR) | <input type="checkbox"/> 11 Other (specify) |
| | | | <input type="checkbox"/> 9 ABS | <input type="checkbox"/> 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> 1 Continuous slot | <input type="checkbox"/> 3 Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input checked="" type="checkbox"/> 8 Saw cut | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched | <input type="checkbox"/> 6 Wire wrapped | <input type="checkbox"/> 9 Drilled holes | |
| | | <input type="checkbox"/> 7 Torch cut | <input type="checkbox"/> 10 Other (specify) | |

SCREEN-PERFORATED INTERVALS: From 210' ft. to 250' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 24' ft. to 150' ft., From 150' ft. to 250' ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 4' ft. to 24' ft., From 150' ft. to 155' ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 15 Oil well/Gas well |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 12 Fertilizer storage | <input type="checkbox"/> 16 Other (specify below) |
| | | | <input type="checkbox"/> 13 Insecticide storage | <u>NONE</u> |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|--|------|----|--------------------|
| 0 | 1 | Topsoil | | | |
| 1 | 62 | Brown clay | | | |
| 62 | 70 | Brown clay + Caliche layers | | | |
| 70 | 84 | Sandrock | | | |
| 84 | 130 | Med. Sand + brown clay layers | | | |
| 130 | 142 | Med. Sand, Sandrock ledges, white sandy clay | | | |
| 142 | 158 | Brown clay | | | |
| 158 | 168 | Med. sand + brown clay layers | | | |
| 168 | 172 | Brown clay | | | |
| 172 | 178 | Med. Sand | | | |
| 178 | 182 | Brown clay | | | |
| 182 | 190 | Med. Sand | | | |
| 190 | 200 | Brown clay | | | |
| 200 | 230 | Coarse gravel | | | |
| 230 | 250 | med. sand yellow clay + shale | | | |

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) 10-21-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 533 This Water Well Record was completed on (mo/day/yr) 11-7-94 under the business name of Jantzen Water Well Repair by (signature) _____