

1 LOCATION OF WATER WELL
 County: Kiowa Fraction 1/4 Near Center of SE Section Number 12 Township Number T 27 S Range Number R 16 W

Distance and direction from nearest town or city? 7 miles south and 3 1/2 miles east of Trousdale, KS Street address of well if located within city?

2 WATER WELL OWNER: Leroy Winklepleck
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : Haviland, KS 67059 Board of Agriculture, Division of Water Resources
 Application Number: Not available

3 DEPTH OF COMPLETED WELL: 157 ft. Bore Hole Diameter 24 in. to 157 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
 2 Irrigation 4 Industrial
 Well's static water level: 27 ft. below land surface measured on 12 month 15 day 1980 year
 Pump Test Data: Well water was 56 ft. after 1/2 hour pumping 1000 gpm
 Est. Yield 1100 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS
 _____ Welded XXX _____
 _____ Threaded _____
 Blank casing dia 16 in. to 97 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 31.75 lbs./ft. Wall thickness or gauge No. 188

TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Asbestos-cement 11 None (open hole)
 2 Louvered shutter 4 Key punched
 Screen-Perforation Dia: 16 in. to 157 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 97 ft. to 157 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 40 ft. to 157 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Annular Fill From 10 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 2 Sewer lines 5 Seepage pit 3 Lateral lines 6 Pit privy
 Direction from well: n/a How many feet n/a? Water Well Disinfected? Yes _____ No XXX
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No XXX
 If Yes: Pump Manufacturer's name: Peerless Pump Co. Model No. 12LB-3 HP 60 Volts _____
 Depth of Pump Intake: 70 ft. Pumps Capacity rated at 1000 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 12 month 15 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185
 This Water Well Record was completed on January month 28 day 1991 year under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO
	0	3	54	58	54	58
	3	16	58	82	58	82
	16	24	82	90	82	90
	24	32	90	139	90	139
	32	35	139	142	139	142
	35	37	142	156	142	156
	37	45	156	157	156	157
	45	48				
	48	54				

Depth(s) Groundwater Encountered 1. 27 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
27
R
16
EW
SEC.

C of SE 1/4