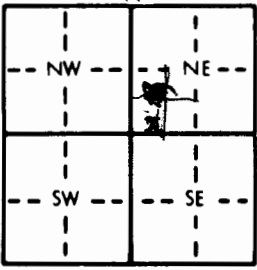


1 LOCATION OF WATER WELL: Fraction **SW 1/4 SW 1/4 NE 1/4** Section Number **18** Township Number **T 27 S** Range Number **R 16 EW**
 County: **Kiowa** Distance and direction from nearest town or city street address of well if located within city?

1/2 west 5 1/2 North of Haviland Kansas

2 WATER WELL OWNER: **Willard Whitney**
 RR#, St. Address, Box #: **Haviland Kansas** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Application Number:

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

 4 DEPTH OF COMPLETED WELL: **80** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **47** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL **47** ft. below land surface measured on mo/day/yr **3/31/87**
 Pump test data: Well water was **47** ft. after **1** hours pumping **3** gpm
 Est. Yield **25** gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter **8 3/4** in. to **80** ft., and in. to ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 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:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter **5** in. to **60** ft., Dia. in. to ft., Dia. in. to ft.
 Casing height above land surface **24** in., weight **SDR 26** lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 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: 5 Gauzed wrapped Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From **60** ft. to **80** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **80** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **20** ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Pasture**

Direction from well? **Pasture Well** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top Soil			
1	12	Silt and sand			
12	30	Tan clay			
30	36	Gray clay			
36	54	Sand and gravel (rust red @)			
54	55	Tan clay			
55	80	Gravel			

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) **3/31/87** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **224** This Water Well Record was completed on (mo/day/yr) **3/15/87**
 under the business name of **Carl Hayse Water Well Service** by (signature) *Carl Hayse*

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

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