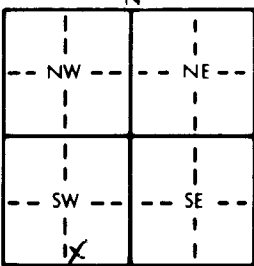


1 LOCATION OF WATER WELL: County: Kiowa	Fraction SW 1/4 SE 1/4 SW 1/4	Section Number 2	Township Number T 27 S	Range Number R 20 E/W
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Distance and direction from nearest town or city street address of well if located within city?
6 miles north, 1/2 mile east, 3 miles north, 1/2 mile west of mullinville

2 WATER WELL OWNER: **Evelyn Tucker**
 RR#, St. Address, Box # **2212 Spring Leaf Drive** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **Carrollton, Texas 75006-2729** Application Number:

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



4 DEPTH OF COMPLETED WELL: **80** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. **49** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **49** ft. below land surface measured on **8/27/90**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **100** 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:
 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 ; 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 _____
 2 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 **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR-26**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 7 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:
 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 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.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 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:
 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 Livestock
 Direction from well? **All** How many feet? **5**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	14	Silt & Sand			
14	22	Sand & Gravel			
22	30	Tan clay			
30	80	Sand & 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) **8/27/90** 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) **10/16/90** 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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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