

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <u>Ford</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		<u>31</u>		<u>T</u> <u>27</u> <u>S</u>		<u>R</u> <u>23</u> <u>E/W</u>					
Distance and direction from nearest town or city? <u>7 Miles West of Ford, Kansas</u>					Street address of well if located within city?								
2 WATER WELL OWNER:		<u>Samuel Gary Oil Producers</u>				<u>BLEU 36-16</u>							
RR#, St. Address, Box # :		<u>#4 Inverness Court East</u>				<u>Board of Agriculture, Division of Water Resources</u>							
City, State, ZIP Code :		<u>Englewood, Colorado 80112</u>				<u>Application Number: -----</u>							
3 DEPTH OF COMPLETED WELL: <u>204</u> ft. Bore Hole Diameter: <u>7 7/8</u> in. to <u>204</u> ft. and _____ in. to _____ ft.													
Well Water to be used as:													
1 Domestic		3 Feedlot		5 Public water supply		8 Air conditioning		11 Injection well					
2 Irrigation		4 Industrial		7 Lawn and garden only		9 Dewatering		12 Other (Specify below)					
Well's static water level: <u>88</u> ft. below land surface measured on <u>April</u> month <u>9</u> day <u>1981</u> year													
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm													
Est. Yield <u>100</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm													
4 TYPE OF BLANK CASING USED:													
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: <u>XX</u> Glued <u>XX</u> Clamped					
<u>XX</u> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____					
				7 Fiberglass				Threaded _____					
Blank casing dia: <u>5</u> in. to <u>164</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.													
Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>265</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement					
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____					
								12 None used (open hole)					
Screen or Perforation Openings Are:													
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		<u>XXX</u> 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-Perforation Dia: <u>5</u> in. to <u>204</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <u>164</u> ft. to <u>204</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <u>14</u> ft. to <u>204</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
5 GROUT MATERIAL: <u>XXX</u> Neat cement 2 Cement grout 3 Bentonite 4 Other _____													
Grouted Intervals: From <u>4</u> ft. to <u>14</u> 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		10 Fuel storage		14 Abandoned water well					
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		<u>XXX</u> 16 Oil well/casing					
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)					
Direction from well: <u>East</u> How many feet: <u>150</u> ? Water Well Disinfected? Yes <u>XXX</u> No _____													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>XXX</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes <u>They will install their own</u>													
If Yes: Pump Manufacturer's name: _____ ? Model No. _____ ? HP _____ ? Volts _____ ?													
Depth of Pump Intake: _____ ? ft. Pumps Capacity rated at _____ ? 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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>April</u> month <u>9</u> day <u>1981</u> year													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>252</u>													
This Water Well Record was completed on <u>April</u> month <u>20</u> day <u>1981</u> year under the business name of <u>Friesen Windmill & Supply Inc.</u> by (signature) _____													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		5		Topsoil							
		5		10		Clay							
		10		20		Fine Sand							
		20		70		Sandy Clay							
		70		204		Med. to Lar. Sand w/Clay Strips							
ELEVATION: <u>Upland</u>													
Depth(s) Groundwater Encountered 1. <u>Not available</u> 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.