

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ford</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>3</u>	<u>T 27 S</u>	<u>R 24 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Tract 32 W. Roads Gardens</u>					
2 WATER WELL OWNER: <u>Jim Babcock</u>					
RR#, St. Address, Box #: <u>Rt. 3</u>					
City, State, ZIP Code: <u>Dodge City, KS 67801</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>152'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL: <u>22'</u> ft. below land surface measured on mo/day/yr <u>5-29-92</u>			
		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: <u>9 7/8"</u> 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"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No. <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <input type="checkbox"/> Blank casing diameter <u>5"</u> in. to ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface: <u>12"</u> in., weight lbs./ft. Wall thickness or gauge No. <u>SOR 21</u>					
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"/> 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 <u>132'</u> ft. to <u>152'</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>24'</u> ft. to <u>74'</u> ft., From ft. to ft.					
From <u>84'</u> ft. to <u>152'</u> ft., From ft. to ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout Intervals: From <u>4'</u> ft. to <u>24'</u> ft., From <u>74'</u> ft. to <u>84'</u> 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 checked="" 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 Direction from well? <u>North</u> How many feet? <u>25'</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0	2	Topsoil			
2	18	Med. Sand			
18	28	White clay			
28	40	Brown Sandy clay			
40	47	Fine sand & brown clay mixed			
47	60	Med. sand & thin brown clay layers			
60	62	Med. sand & clay layers			
62	65	Yellow clay layers fine sand mixed			
65	67	Brown clay			
67	80	Med. sand & brown clay layers			
80	84	Brown clay			
84	88	Fine to med. sand & sandrock layers			
88	150	Med. Sand (loose)			
150	160	Yellow clay & shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-29-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>6-10-92</u> under the business name of <u>Jantzen Water Well Repair</u> by (signature) <u>[Signature]</u>					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					