

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>FORD</b>		$\frac{1}{4}$ $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$	<b>5</b>	T <b>27</b> S	R <b>24</b> E/W
Distance and direction from nearest town or city street address of well if located within city? <b>EAST SIDE OF GREEN ACRES LOT #2</b>					
2 WATER WELL OWNER: <b>ALMA BENCOMO</b> RR#, St. Address, Box #: <b>RR 3 BOX 552</b> City, State, ZIP Code: <b>DODGE CITY, KS. 67801</b> 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: <b>150</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>36</b> ft. below land surface measured on mo/day/yr <b>8/19/94</b>			
		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 <b>9 7/8</b> in. to <b>15 5/8</b> in. and .... in. to .... ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		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 <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:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
<del>2</del> PVC		4 ABS	7 Fiberglass		Threaded
Blank casing diameter <b>5</b> in. to <b>120</b> ft. Dia		in. to .... ft. Dia		in. to .... ft.	
Casing height above land surface <b>18</b> in. weight <b>2000</b> lbs./ft.		Wall thickness or gauge No. <b>200</b>			
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		<del>2</del> Mill slot	5 Gauzed wrapped	8 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-PERFORATED INTERVALS:					
From <b>120</b> ft. to <b>150</b> ft.		From .... ft. to .... ft.		From .... ft. to .... ft.	
From .... ft. to .... ft.		From .... ft. to .... ft.		From .... ft. to .... ft.	
GRAVEL PACK INTERVALS:					
From <b>90</b> ft. to <b>110</b> ft.		From .... ft. to .... ft.		From .... ft. to .... ft.	
From <b>150</b> ft. to .... ft.		From .... ft. to .... ft.		From .... ft. to .... ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	<del>3</del> Bentonite	4 Other	
Grout Intervals: From <b>4</b> ft. to <b>30</b> ft.		From <b>90</b> ft. to <b>110</b> ft.		From .... ft. to .... ft.	
What is the nearest source of possible contamination:					
<del>1</del> 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					
Direction from well? <b>EAST</b>		How many feet? <b>100</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>8</b>	<b>FINE SAND</b>			
<b>8</b>	<b>11</b>	<b>CPIRSES GRAVE:</b>			
<b>11</b>	<b>15</b>	<b>BROWN SANDY CLAY</b>			
<b>15</b>	<b>16</b>	<b>BLUE CLAY</b>			
<b>16</b>	<b>63</b>	<b>BROWN SANDY CLAY</b>			
<b>63</b>	<b>73</b>	<b>FINE TO MED SAND AND GRAVEL</b>			
<b>73</b>	<b>86</b>	<b>BROWN SANDY CLAY</b>			
<b>86</b>	<b>1000</b>	<b>FINE TO MED SAND AND GRAVEL</b>			
<b>100</b>	<b>105</b>	<b>BROWN SANDY CLAY</b>			
<b>105</b>	<b>155</b>	<b>FINE TO MED SAND AND GRAVEL</b>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10/10/94</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>172</b> This Water Well Record was completed on (mo/day/yr) <b>2/10/95</b> under the business name of <b>JONAGAN DRILLING</b> by (signature)					
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 100 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.					

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