

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number
County: <b>Haskell</b>		NE ¼	SW ¼	<b>5</b>	T <b>27</b> S	R <b>31</b> E <b>W</b>
Distance and direction from nearest town or city street address of well if located within city? From Sublette, appx 17 miles North 6 Mile East				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
<b>2 WATER WELL OWNER: Ellen Morris Alaka</b> RR#, St. Address, Box # : 2722 La Golondrina St City, State, ZIP Code : Carlsbad CA 92009				Latitude: <b>37.07634</b>		
				Longitude: <b>100.94111</b>		
				Elevation: <b>2891</b>		
				Datum: _____		
Data Collection Method: _____						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 361</b> ft.				
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>217</b> ft. below land surface measured on mo/day/yr <b>9/17/08</b>				
		Pump test data: Well water was <b>234</b> ft. after <b>4</b> hours pumping <b>575</b> gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		WELL WATER TO BE USED AS: <b>5</b> _____ <b>8</b> Air conditioning <b>11</b> Injection well				
		<b>1</b> Domestic <b>3</b> Feed lot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below)				
		<b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Domestic (lawn & garden) <b>10</b> Monitoring well				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr _____						
Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____						
<b>5 TYPE OF CASING USED:</b>						
<b>1</b> Steel		<b>3</b> RMP (SR)		<b>5</b> Wrought Iron		<b>8</b> Concrete tile
<b>2</b> PVC		<b>4</b> ABS		<b>6</b> Asbestos-Cement		<b>9</b> Other (specify below)
		<b>7</b> Fiberglass				CASING JOINTS: Glued _____ Clamped _____
						Welded <b>X</b>
						Threaded _____
Blank casing diameter <b>16</b> in. to <b>361</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>12</b> in., Weight <b>42</b> lbs./ft. Wall thickness or gauge No. <b>.250</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
<b>1</b> Steel		<b>3</b> Stainless steel		<b>5</b> Fiberglass		<b>7</b> PVC
<b>2</b> Brass		<b>4</b> Galvanized steel		<b>6</b> Concrete tile		<b>8</b> RM (SR)
						<b>9</b> ABS
						<b>11</b> Other (specify) _____
						<b>12</b> None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
<b>1</b> Continuous slot		<b>3</b> Mill slot		<b>5</b> Guaze wrapped		<b>7</b> Torch cut
<b>2</b> Louvered shutter		<b>4</b> Key punched		<b>6</b> Wire wrapped		<b>8</b> Saw Cut
						<b>9</b> Drilled holes
						<b>11</b> None (open hole)
						<b>10</b> Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <b>236</b> ft. to <b>356</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>361</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> <b>1</b> Neat cement <b>2</b> Cement grout <b>3</b> Bentonite <b>4</b> Other						
Grout Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination: None Observed						
<b>1</b> Septic tank		<b>4</b> Lateral lines		<b>7</b> Pit privy		<b>10</b> Livestock pens
<b>2</b> Sewer lines		<b>5</b> Cess pool		<b>8</b> Sewage lagoon		<b>11</b> Fuel storage
<b>3</b> Watertight sewer lines		<b>6</b> Seepage pit		<b>9</b> Feedyard		<b>12</b> Fertilizer storage
						<b>13</b> Insecticide Storage
						<b>14</b> Abandoned water well
						<b>15</b> Oil well/ gas well
						<b>16</b> Other (specify below)
Direction from well? <b>North</b> How many feet? <b>100</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
<b>0</b>	<b>2</b>	Top soil				
<b>2</b>	<b>11</b>	Sandy clay				
<b>11</b>	<b>18</b>	Fine sand				
<b>18</b>	<b>25</b>	Sandy clay				
<b>25</b>	<b>54</b>	Sand fine to med coarse				
<b>54</b>	<b>62</b>	Sand fine to med coarse w/gravel				
<b>62</b>	<b>170</b>	Sand fine to med coarse w/ Lg gravel				
<b>170</b>	<b>210</b>	Sandy clay				
<b>210</b>	<b>223</b>	Sand fine to med coarse w/gravel				
<b>223</b>	<b>238</b>	Sandy clay				
<b>238</b>	<b>299</b>	Sand fine to med coarse w/gravel				
<b>299</b>	<b>304</b>	Sand fine to med w/ ledges				
<b>304</b>	<b>312</b>	Sandy clay				
<b>312</b>	<b>325</b>	Sand fine to med coarse				
<b>325</b>	<b>333</b>	Sandy clay				
<b>333</b>	<b>339</b>	Sand fine to med coarse				

339	344	Sandy clay			
344	347	Sand fine to med coarse			
347	356	Sandy clay			
356	419	Sandy clay sticky			
419	424	Soap stone			
424	440	Sand stone , soap stone			
440	446	Soap stone			
446	460	Shale			

**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) 9/8/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 10/08/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Dan J. Reichmuth.

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.