

1 LOCATION OF WATER WELL: County: <u>Grant</u>	Fraction <u>NW</u> ¼ <u>NE</u> ¼ <u>NE</u> ¼	Section Number <u>14</u>	Township Number T <u>27</u> S	Range Number R <u>37</u> E <u>(W)</u>
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Distance and direction from nearest town or city street address of well if located within city?
 From north side of Ulysses—7 miles north, 2 miles east, 5,100 ft. north & 980 ft. west

2 WATER WELL OWNER: Leslie Walker Trust c/o Judy Okeson
 RR#, St. Address, Box # : P. O. Box 82
 City, State, ZIP Code : Weskan, Kansas 67762
 Board of Agriculture, Division of Water Resources
 Application Number: 12,457

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>405</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL: <u>235</u> ft. below land surface measured on mo/day/yr <u>3/25/97</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>30</u> in. to <u>405</u> ft., 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 X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

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 X
 7 Fiberglass _____ Threaded _____
 Blank casing diameter: 16 in. to 250 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 42.05 lbs./ft. Wall thickness or gauge No. 250
 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 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot ③ Mill slot ⑥ Wire wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes
 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 250 ft. to 405 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 180 ft., From 240 ft. to 405 ft.
 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 180 ft. to 240 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 _____
 Direction from well? northeast How many feet? 100 ft. north - 35 ft. east

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		See attached log			

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) 3/25/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/yr) 3-27-97 under the business name of Minter-Wilson Drilling Co., Inc. by (signature) Nora Keller

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.