

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Grant	NW 1/4 SE 1/4 SE 1/4	24	T 27 S	R 37 EW

Distance and direction from nearest town or city street address of well if located within city? **From Hickok Kansas go 8 mi North 4 mi West North and West into location.**

2 WATER WELL OWNER: **Lucille Fletcher H-30 Drilling**
 RR#, St. Address, Box #: **Box 126** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Buckland, Kansas 67834** Application Number: **T 87-221**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **340** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. **164** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **176** ft. below land surface measured on mo/day/yr **6/13/87**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **90** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **9** in. to **340** 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No _____

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 _____
 7 Fiberglass Threaded _____
 Blank casing diameter **5 1/2** in. to **220** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface **28** in., weight **2.85** lbs./ft. Wall thickness or gauge No. **265**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 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 **220** ft. to **340** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **160** ft. to **340** ft., From _____ ft. to _____ 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 **10** ft., From _____ ft. to _____ 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? **Southeast of water well** How many feet? **250'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	76	clay			
76	153	blue clay			
153	158	black shale			
158	175	blue clay			
175	202	30% clay, 20% fine sand & 50% med. to large sand			
202	258	med. to large sand			
258	303	50% sandy clay & 50% sandstone			
303	332	sandy clay			
332	340	sandstone			

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) **June 13, 1987** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **118** This Water Well Record was completed on (mo/day/yr) **June 16, 1987** under the business name of **Carlile Water Well Service, Inc.** 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 three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.