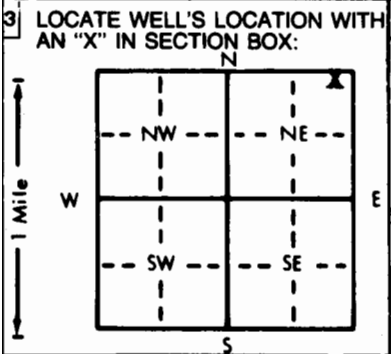


1 LOCATION OF WATER WELL: County: **GRANT** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **1** Township Number: **T 27 S** Range Number: **R 38 EW**

Distance and direction from nearest town or city street address of well if located within city?
16 MILES SOUTH LAKIN COUNTY LINE HWY 25 3 MILES WEST

2 WATER WELL OWNER: **JOE HUMPHREYS**
 RR#, St. Address, Box #: **ULYSSES, KS:** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Application Number:



4 DEPTH OF COMPLETED WELL: **300** ft. ELEVATION: ft.
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **210** ft. below land surface measured on mo/day/yr **8/10/86**
 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: **9 7/8** in. to **300** ft., and in. to ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 6 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
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing diameter: **5** in. to **260** ft., Dia. in. to ft., Dia. in. to ft.
 Casing height above land surface: **18** in., weight **200** lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 PVC 10 Asbestos-cement
 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 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 **260** ft. to **300** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **100** ft. to **300** 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 **4** ft. to **30** 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? **east** How many feet? **500**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	TOP SOIL			
6	33	BROWN SANDY CLAY			
33	47	FINE TO MEDSAND AND GRAVEL			
47	63	ROCK			
63	80	BROWN SANDY CLAY			
80	106	FINE TO MED SAND AND GRAVEL			
106	180	BROWN SANDY CLAY			
180	190	FINE TO MED SAND			
190	205	BROWN SANDY CLAY			
205	230	YELLOW AND GRAY CLAY			
230	271	SHALE STREAK SANDSTONE			
271	295	SANDSTONE			
295	315	BLUE SHALE AND ROCK			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **8/15/86** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **172** This Water Well Record was completed on (mo/day/yr) **6/87** under the business name of **JONAGAN DRILLING CO.** 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.

OFFICE USE ONLY
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