

**1 LOCATION OF WATER WELL**  
 County: Grant Fraction: NW 1/4 SW 1/4 NW 1/4 Section Number: 28 Township Number: T 27 S Range Number: R 38 EW  
 Distance and direction from nearest town or city? 7 Mi. W. - 6 1/2 Mi. N. Ulysses, Kansas Street address of well if located within city?

**2 WATER WELL OWNER:** Cecil Pucket  
 RR#, St. Address, Box #: Rt. 3 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Ulysses, Kansas 67880 Application Number:

**3 DEPTH OF COMPLETED WELL:** 425 ft. Bore Hole Diameter: 10 in. to 425 ft., and ..... in. to ..... ft.  
 Well Water to be used as:  
 1 Domestic     2 Irrigation     3 Feedlot     4 Industrial     5 Public water supply     6 Oil field water supply     7 Lawn and garden only     8 Air conditioning     9 Dewatering     10 Observation well     11 Injection well     12 Other (Specify below)  
 Well's static water level: 235 ft. below land surface measured on ..... month ..... day ..... year  
 Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield: gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

**4 TYPE OF BLANK CASING USED:**  
 1 Steel     2 PVC     3 RMP (SR)     4 ABS     5 Wrought iron     6 Asbestos-Cement     7 Fiberglass     8 Concrete tile     9 Other (specify below)  
 Blank casing dia: 5 in. to 425 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12-24 in., weight not known lbs./ft. Wall thickness or gauge No. .262  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel     2 Brass     3 Stainless steel     4 Galvanized steel     5 Fiberglass     6 Concrete tile     7 PVC     8 RMP (SR)     9 ABS     10 Asbestos-cement     11 Other (specify) .....  
 Screen or Perforation Openings Are:  
 1 Continuous slot     2 Louvered shutter     3 Mill slot     4 Key punched     5 Gauzed wrapped     6 Wire wrapped     7 Torch cut     8 Saw cut     9 Drilled holes     10 Other (specify) .....  
 Screen-Perforation Dia: 5 in. to 425 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 365 ft. to 425 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 325 ft. to 425 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
Gravel & Dirt From 20 ft. to 325 ft., From ..... ft. to ..... ft.

**5 GROUT MATERIAL:**  1 Neat cement     2 Cement grout     3 Bentonite     4 Other  
 Grouted Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank     2 Sewer lines     3 Lateral lines     4 Cess pool     5 Seepage pit     6 Pit privy     7 Sewage lagoon     8 Feed yard     9 Livestock pens     10 Fuel storage     11 Fertilizer storage     12 Insecticide storage     13 Watertight sewer lines     14 Abandoned water well     15 Oil well/Gas well     16 Other (specify below)  
 Direction from well: West How many feet: 150 ? Water Well Disinfected? Yes  No   
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted ..... month ..... day ..... year  
 Pump Installed? Yes  No   
 If Yes: Pump Manufacturer's name: Goulds Model No. 10BJ15412 HP 1 1/2 Volts 230  
 Depth of Pump Intake: 336 ft. Pumps Capacity rated at 10 gal./min.  
 Type of pump:  1 Submersible     2 Turbine     3 Jet     4 Centrifugal     5 Reciprocating     6 Other

**6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on ..... 9 ..... month ..... 4 ..... day ..... 80 ..... year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 160  
 This Water Well Record was completed on ..... 9 ..... month ..... 9 ..... day ..... 80 ..... year under the business name of JIM SMITH PUMP SERVICE by (signature) James Ray Smith

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	20	Sand & surface			
20	40	Clay sand mix			
40	60	sand			
60	180	clay w/strip sand			
180	260	sand-coarse			
260	320	clay w/ sand strips			
320	425	sandstone			

ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

**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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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R

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EW

SEC

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NW 1/4 SW 1/4 NE 1/4 SE 1/4