

GRABBER #1

1 LOCATION OF WATER WELL
 County: KINGMAN Fraction: SW 1/4 SW 1/4 NE 1/4 Section Number: 7 Township Number: T 27 S Range Number: R 5 EW
~~Water well located in nearest town or city~~ Water well located 2 1/2 N East side Street address of well if located within city?
~~WATER WELL~~

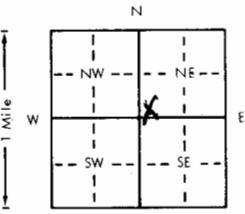
2 WATER WELL OWNER: EAGLE DRILLING INC.
 RR#, St. Address, Box #: 210 ROCKBOXOULA 260N. ROCK RD. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: WICHITA KS 67206 Application Number:

3 DEPTH OF COMPLETED WELL: 83 ft. Bore Hole Diameter: 9 in. to 63 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 17 ft. below land surface measured on out month 6 day 1980 year
 Pump Test Data NONE 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 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 dia: 5 in. to 43 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 265 lbs./ft. Wall thickness or gauge No. 7/16
 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: 1/8
 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-Perforation Dia: 5 in. to 63 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 43 ft. to 63 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 35 ft. to 63 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: NONE
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well _____ How many feet _____ ? 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 _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 out month 6 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 389
 This Water Well Record was completed on out month 13 day 1980 year under the business name of MYERS WATER WELL SERVICE by (signature) Rudolph Myers

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


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>10</u>	<u>SANDY CLAY</u>			
<u>10</u>	<u>63</u>	<u>GRAVEL</u>			
<u>63</u>	<u>-</u>	<u>RED BED.</u>			

 ELEVATION: _____

OFFICE USE ONLY
T
R
S
SEC. 7
SW 1/4
SW 1/4
NE 1/4

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.

X X