

1 LOCATION OF WATER WELL: County: Kingman	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 35	Township Number T 27 S	Range Number R 9 E/W
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Distance and direction from nearest town or city street address of well if located within city?

7 3/4 Mile West Of Kingman, Kns.

2 WATER WELL OWNER: Gerald Cole RR#, St. Address, Box # : RR# 2-Box 777 City, State, ZIP Code : Kingman, Kans. 67068	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 56' ft. ELEVATION: _____ ft.
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Depth(s) Groundwater Encountered 1. **9'** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **7'** ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **40** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8 1/4"** in. to **56'** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
xxx Domestic	3 Feedlot	6 Oil field water supply
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 **X** No _____

5 TYPE OF BLANK CASING USED:	1 Steel X 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued X Clamped _____ Welded _____ Threaded _____
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Blank casing diameter **5"** in. to **46'** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **14"** in., weight **2.355** lbs./ft. Wall thickness or gauge No. **Sdr 26**

TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 RMP (SR) 8 ABS 9 Other (specify below) 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
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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	xxx 8 Saw cut	9 Drilled holes	10 Other (specify) _____	11 None (open hole)
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SCREEN-PERFORATED INTERVALS: From **56'** ft. to **46'** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **56'** ft. to **39'** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout xxx 3 Bentonite 4 Other _____
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Grout Intervals: From **39'** ft. to **31'** ft., From **21'** ft. to **3'** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

xxx 1 Septic tank	2 Sewer lines	3 Watertight sewer lines	4 Lateral lines	5 Cess pool	6 Seepage pit	7 Pit privy	8 Sewage lagoon	9 Feedyard	10 Livestock pens	11 Fuel storage	12 Fertilizer storage	13 Insecticide storage	14 Abandoned water well	15 Oil well/Gas well	16 Other (specify below)
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Direction from well? **West** How many feet? **175'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	3'	Top soil.			
3'	7'	Fine Sand.			
7'	9'	Clay.			
9'	20'	Medium Course Sand.			
20'	30'	Medium Course Sand.			
30'	40'	Clay.			
40'	53'	Course Sand. (Clean)			
53'	56'	Red Bed.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) Oct. 21 - 1997 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 112 . This Water Well Record was completed on (mo/day/yr) Nov. 1 - 1997 under the business name of Wells Drilling Co. by (signature) <i>Dal Wells</i>
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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.