

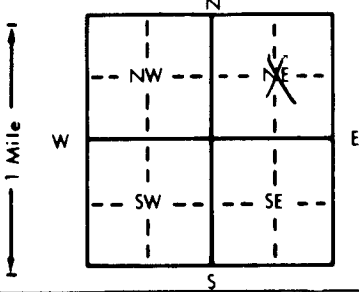
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kiowa</u>	$\frac{1}{4}$ C $\frac{1}{4}$ NE $\frac{1}{4}$	9	T 28 S	R 16 W

Distance and direction from nearest town or city street address of well if located within city?

$1\frac{1}{2}$ east, $\frac{1}{4}$ north of Haviland, Ks.

2 WATER WELL OWNER: <u>Elmer Davis</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>Rt. 1</u>	Application Number: <u>11,456</u>
City, State, ZIP Code: <u>Haviland, Ks. 67059</u>	

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



4 DEPTH OF COMPLETED WELL: <u>206</u> ft. ELEVATION:
Depth(s) Groundwater Encountered 1. <u>94</u> ft. 2. <u>10-25-94</u> ft. 3. <u>94</u> ft.
WELL'S STATIC WATER LEVEL <u>94</u> ft. below land surface measured on <u>mo/day/yr 10-25-94</u>
Pump test data: Well water was <u>1400</u> gpm after <u>1.0</u> hours pumping
Est. Yield <u>1400</u> gpm: Well water was <u>110</u> gpm after <u>4</u> hours pumping
Bore Hole Diameter: <u>28</u> in. to <u>206</u> ft. and <u>206</u> in. to <u>206</u> ft.
WELL WATER TO BE USED AS:
1 Domestic <u>2 Irrigation</u> 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes <u> </u> No <u>X</u> ; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes <u> </u> No <u>X</u>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped <u> </u>
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter: <u>16</u> in. to <u>146</u> ft. Dia. <u> </u> in. to <u> </u> ft. Dia. <u> </u> in. to <u> </u> ft.			11 Other (specify) <u> </u>
Casing height above land surface: <u>12</u> in. weight <u>SDR 32.5</u> lbs./ft. Wall thickness or gauge No. <u> </u>			12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7 PVC</u>		
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) <u> </u>
SCREEN-PERFORATED INTERVALS: From <u>146</u> ft. to <u>206</u> ft., From <u> </u> ft. to <u> </u> ft.			
GRAVEL PACK INTERVALS: From <u>206</u> ft. to <u>20</u> ft., From <u> </u> ft. to <u> </u> ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u> </u>
Grout Intervals: From <u>20</u> ft. to <u>0</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> 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	<u>none</u>
Direction from well?			How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	21	Dark brown clay			
21	40	Light brown clay			
40	70	Fine sand and clay mixed			
70	92	Sand and gravel medium loose and clean			
92	101	Redish brown & white clay			
101	112	Sand and gravel			
112	117	Brown & white sandy clay			
117	156	Sand and gravel clean coarse & loose			
156	160	Brown clay			
160	178	Sand and gravel clean, coarse & loose			
178	180	Yellow brown lclay			
180	204	Sand and gravel clean coarse & loose			
204	206	Sand and gravel clay mixed.			

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) <u>7-17-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>7-21-97</u> under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>Freddie Madson</u>

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.

OFFICE USE ONLY
T
R
EM
SEC.
1/4
1/4
1/4