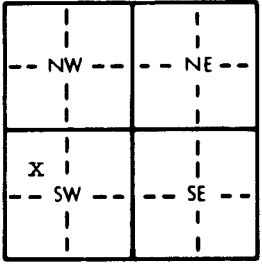


1 LOCATION OF WATER WELL: County: **Kiowa** Fraction: **C 1/4 NW 1/4 SW 1/4** Section Number: **3** Township Number: **T 28 S** Range Number: **R 16W E/W**

Distance and direction from nearest town or city street address of well if located within city?
2 E, 1 1/2 N of Haviland, Kansas

2 WATER WELL OWNER: **White & Ellis Drilling, Inc.**
 RR#, St. Address, Box #: **401 E. Douglas, Suite 500**
 City, State, ZIP Code: **Wichita, Kansas 67202**
 Board of Agriculture, Division of Water Resources
 Application Number: **Unknown**

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

 4 DEPTH OF COMPLETED WELL: **176** ft. ELEVATION: **Unknown**
 Depth(s) Groundwater Encountered 1. **90** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **90** ft. below land surface measured on **mo/day/yr** **5/22/81**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **8** in. to **176** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 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) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter: **5** in. to **156** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **156** ft. to **176** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **176** 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 **0** ft. to **10** 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 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **East** How many feet? **60**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	80	Clay			
80	176	Sand and Gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **5/22/81** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186** This Water Well Record was completed on (mo/day/yr) **6/26/81** **JUL 26** under the business name of **Kellys Water Well Service** by (signature) *[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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
EW
SEC.
3
1/4
C
1/4
NW
1/4
SW