

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: KIOWA	NW 1/4 NE 1/4 NW 1/4	10	T 28 S	R 16 E/W

Distance and direction from nearest town or city? **25 IN OF HAVILAND, KS** Street address of well if located within city?

WATER WELL OWNER: **H-30 Drilling Company**
 RR#, St. Address, Box #: **251 N. Water Suite 10**
 City, State, ZIP Code: **Wichita, Kansas 67202**
 Board of Agriculture, Division of Water Resources
 Application Number:

DEPTH OF COMPLETED WELL: **150** ft. Bore Hole Diameter: **10** in. to 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
2 Irrigation	4 Industrial	9 Dewatering
7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level: **84** ft. below land surface measured on **AUG** month **13** day **80** year

Pump Test Data: Well water was ft. after hours pumping gpm
 Est. Yield **75** gpm: Well water was ft. after hours pumping gpm

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)	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped Welded Threaded
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Blank casing dia: **5** in. to **130** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No. **.214**

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)	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	8 Saw cut	9 Drilled holes	10 Other (specify)	11 None (open hole)
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Screen-Perforation Dia: **5** in. to ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **130** ft. to **150** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **10** ft. to **150** ft., From ft. to ft., From ft. to ft.

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:

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)
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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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **AUG** month **13** day **80** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **325**
 This Water Well Record was completed on **JUNE** month **2** day **81** year under the business name of **Central Well & Pump Inc., Pratt, Kansas** by (signature) **[Signature]**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG		
		0	2	Top soil								medium gravel		
		2	15	Sadt, fine		155	165	Clay, brown						
		15	35	Clay, brown										
		35	55	Clay, brown and white with fine sand streaks										
		55	75	Sand, fine to med										
		75	105	Sand, med to coarse and med gravel										
ELEVATION:		105	115	Clay, brown with fine sand streaks and little sandstone										
ELEVATION:		115	155	Sand, med to coarse and										

Depth(s) Groundwater Encountered 1. **84** 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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SEC
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NW
1/4
NE
1/4
NW
1/4