

1 LOCATION OF WATER WELL
 County: Kiowa Fraction CENTER OF Section Number 36 Township Number T 28 S Range Number R 16 EW
 Distance and direction from nearest town or city? 4.5 mi E of Street address of well if located within city? WELLSFORD, KS

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

3 DEPTH OF COMPLETED WELL: 140 ft. Bore Hole Diameter 10 in. to 140 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level 106 ft. below land surface measured on July month 31 day 79 year
 Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 80 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 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing dia 5 in. to 120 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No 200
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 Screen or Perforation Openings Are:
 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 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 120 ft. to 140 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ 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:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) NONE
 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 July month 31 day 79 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 26 day 80 year under the business name of Central Well & Pump Inc. Pratt, Kansas by (signature) [Signature]

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

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|--|------|----|----------------|
| 0 | 2 | Top soil | | | |
| 2 | 55 | Clay, tan | | | |
| 55 | 105 | Sand, fine to coarse and coarse gravel | | | |
| 105 | 165 | Sand, coarse and coarse gravel with boulders | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 106 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
T
28
R
16
EW
SEC.
36
Center of SE 1/4 SE 1/4

