

1 LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction <u>NE 1/4</u> NW 1/4 SE 1/4	Section Number <u>36</u>	Township Number T <u>28</u> S	Range Number R <u>17</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?
Haviland, Ks. 3 1/2 south, 1 1/2 west

2 WATER WELL OWNER: Duke Drilling
 RR#, St. Address, Box #: PO Box 823
 City, State, ZIP Code: Great Bend, Ks. 67530
 Board of Agriculture, Division of Water Resources
 Application Number: 960217

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 70 ft. below land surface measured on 6-26-96

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

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

Bore Hole Diameter 9 7/8 in. to 140 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 <u>Oil field water supply</u>
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 258 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 2' in., weight .258 lbs./ft. Wall thickness or gauge No. _____

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 120 ft. to 140 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 140 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug

Grout Intervals: From 0 ft. to 20 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	10 <u>Livestock pens</u>	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	

Direction from well? west How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	8	<u>fine sand and sandy clay</u>			
8	17	<u>Brown clay</u>			
17	65	<u>Sand and gravel clean, medium loose</u>			
65	70	<u>Brown clay</u>			
70	131	<u>Sand and gravel clean, coarse, loose</u>			
131	136	<u>Brown clay</u>			
136	140	<u>Sand and gravel</u>			

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) 6-26-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/yr) 6-12-96 under the business name of Rosencrantz-Bemis by (signature) Fredia Hodson

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.

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