

1 LOCATION OF WATER WELL: County: <b>KIOWA</b>	Fraction <b>SE 1/4 NW 1/4 SW 1/4</b>	Section Number <b>14</b>	Township Number <b>T 28 S</b>	Range Number <b>R 18 <del>W</del></b>
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Distance and direction from nearest town or city street address of well if located within city?  
**1 1/2 East of Greensburg, Kansas**

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<b>Mr. Ritchie Webster</b> <b>118 E. Pennsylvania Ave.</b> <b>Greensburg, KS 67054</b>	Board of Agriculture, Division of Water Resources Application Number: <b>--</b>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>140</b> ft. ELEVATION: <b>Hill</b>
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Depth(s) Groundwater Encountered 1. **Not available** 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **93** ft. below land surface measured on mo/day/yr **Oct. 24, 1991**

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

Est. Yield **40** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **10** in. to **140** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 XX Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **XX**; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes **XX** No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>XX</b> Clamped _____
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Blank casing diameter **5** in. to **100** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **18** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:	XX PVC	10 Asbestos-cement	11 Other (specify) _____
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SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	XX Saw cut
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SCREEN-PERFORATED INTERVALS: From **100** 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	XX Bentonite	4 Other _____
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Grout Intervals: From **0** ft. to **20** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination: **NONE**

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
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Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	41	Clay			
41	94	Large Sand			
94	104	Clay			
104	135	Large Sand			
135	140	Clay			
140	--	Black Shale			

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) <b>October 25, 1991</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>252</b> This Water Well Record was completed on (mo/day/year) <b>October 28, 1991</b> under the business name of <b>Friesen Windmill &amp; Supply Inc.</b> by (signature) _____
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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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