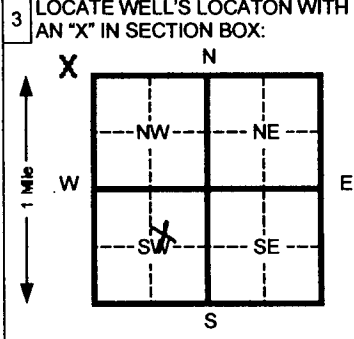


1 LOCATION OF WATER WELL: County: **Kiowa** Fraction: **SW 1/4 NE 1/4 SW 1/4** Section Number: **16** Township Number: **T 28 S** Range Number: **R 18 EAV**

Distance and direction from nearest town or city street address of well if located within city?  
**Former Koehn 66 site**

2 WATER WELL OWNER: **Garys Stop (Kunza Bank)**  
 RR#, St. Address, Box #: **418 West Kansas St** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Greensburg, Ks** **AS-1** Application Number:



4 DEPTH OF COMPLETED WELL: **104** ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **78** ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter **8** in. to **120** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10** Monitoring well  
 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) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
**2** PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **2** in. to **102** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7** PVC 10 Asbestos-cement  
 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 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-PERFORATED INTERVALS: From **102** ft. to **104** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **99** ft. to **104** 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 **2** ft. From **2** ft. to **99** 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 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **16 Other (specify below)**  
**Contaminated site**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.6		Cement			
.6	2		Back fill			
2	10		Fine to med gravel			
10	34		Clay			
34	57		Fine sand w/sandy clay lens			
57	66		Clay			
66	87		Fine to med sand w/clay lens			
87	120		Fine to med sand & 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/yr) **2-11-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **2-20-04** under the business name of **Woofler Pump and Well Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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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