

Stains 1-8

1) LOCATION OF WATER WELL
 County: KIOWA Fraction: C 1/4 NE 1/4 NW 1/4 Section Number: 8 Township Number: T 28 S Range Number: R 19 EW
 Distance and direction from nearest NW corner of section: 5 West 3/4 mile 1/4 West Street address of well if located within city?

2) WATER WELL OWNER: H-30 Inc
 RR#, St. Address, Box #: 200 # Main Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Wichita, Kans 67207 Application Number: T 79-145

3) DEPTH OF COMPLETED WELL: 115 ft. Bore Hole Diameter: 9 in. to 115 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 75 ft. below land surface measured on _____ month 23 day 1979 year
 Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: No. 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 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: 5 in. to 9.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 278-3 lbs./ft. Wall thickness or gauge No. 265
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are: 1/2"
 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 9.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 9.5 ft. to 115 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 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool Field Pond 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) _____
 13 Watertight sewer lines
 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 _____ month 23 day 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 143
 This Water Well Record was completed on _____ month 23 day 1979 year under the business name of Wyers Water Well Service by (signature) Charles P. Wyers

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
	0	40	40	50		0	40	40	50	
	0	40	40	50	<u>Clay sand</u> <u>fine sand</u> <u>dry gravel</u> <u>water gravel</u>	0	40	40	50	
	40	50	50	75		40	50	50	75	
	50	75	75	115		50	75	75	115	
	75	115	115			75	115	115		

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ 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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