

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number
County: <u>Ford</u>		<u>N</u> $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	<u>10</u>		<u>T 28</u> S	<u>R 21</u> E/W
Distance and direction from nearest town or city? <u>4 1/4 N, 1 3/4 E, 3/4 N of Bucklin</u>			Street address of well if located within city?			
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # :		Application Number: <u>T80-510</u>				
City, State, ZIP Code :		<u>Great Bend, Ks. 67530</u>				
3 DEPTH OF COMPLETED WELL		65 ft. Bore Hole Diameter				
Well Water to be used as:		11 Injection well				
1 Domestic 3 Feedlot		8 Air conditioning				
2 Irrigation 4 Industrial		9 Dewatering				
Well's static water level		10 Observation well				
Pump Test Data		12 Other (Specify below)				
Est. Yield		Well water was				
NA gpm		ft. after				
4 TYPE OF BLANK CASING USED:		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped				
1 Steel 3 RMP (SR)		Welded				
2 PVC 4 ABS		Threaded				
Blank casing dia		ft. Dia				
Casing height above land surface		lbs./ft. Wall thickness or gauge No				
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement				
1 Steel 3 Stainless steel		11 Other (specify)				
2 Brass 4 Galvanized steel		12 None used (open hole)				
Screen or Perforation Openings Are:		11 None (open hole)				
1 Continuous slot 3 Mill slot		9 Drilled holes				
2 Louvered shutter 4 Key punched		10 Other (specify)				
Screen-Perforation Dia		ft. Dia				
Screen-Perforated Intervals:		ft. to				
Gravel Pack Intervals:		ft. to				
5 GROUT MATERIAL:		4 Other				
Grouted Intervals: From		ft. From				
What is the nearest source of possible contamination:		14 Abandoned water well				
1 Septic tank 4 Cess pool		15 Oil well/Gas well				
2 Sewer lines 5 Seepage pit		16 Other (specify below)				
3 Lateral lines 6 Pit/privy		13 Watertight sewer lines				
Direction from well		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No				
Was a chemical/bacteriological sample submitted to Department? Yes		No <input checked="" type="checkbox"/> If yes, date sample				
If Yes: Pump Manufacturer's name		Pump Installed? Yes <input checked="" type="checkbox"/> No				
Depth of Pump Intake		Pumps Capacity rated at				
Type of pump:		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				
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		month				
name of		by (signature)				
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG				
FROM		TO				
0		2				
2		17				
17		27				
27		31				
31		64				
64		70				
ELEVATION:		Depth(s) Groundwater Encountered				
1. 40		ft. 2				
ft. 3		ft. 4				
(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.