

1 LOCATION OF WATER WELL		Fraction <u>SE</u> of <u>SE</u> <u>1/4</u>		Section Number <u>15</u>		Township Number <u>T 28 S</u>		Range Number <u>R 25 E/W</u>					
County: <u>Ford</u>													
Distance and direction from nearest town or city? <u>6 mi S. 1 mi W. and 1 1/2 mi S. of Dodge City, Kansas</u>				Street address of well if located within city?									
2 WATER WELL OWNER: <u>Dwight Winger</u>				Board of Agriculture, Division of Water Resources									
RR#, St. Address, Box #: <u>RR # 3</u>				Application Number:									
City, State, ZIP Code: <u>Dodge City, Kansas 67801</u>													
3 DEPTH OF COMPLETED WELL: <u>200</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>200</u> ft. and in. to ft.													
Well Water to be used as:													
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 8 Air conditioning		<input type="checkbox"/> 11 Injection well					
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering		<input checked="" type="checkbox"/> 12 Other (Specify below)					
				<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 10 Observation well		<u>Stock well</u>					
Well's static water level <u>75</u> ft. below land surface measured on <u>May</u> # <u>4</u> month <u>4</u> day <u>1980</u> year													
Pump Test Data													
Est. Yield		gpm:		Well water was		ft. after		hours pumping					
				Well water was		ft. after		hours pumping					
4 TYPE OF BLANK CASING USED:													
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron		<input type="checkbox"/> 8 Concrete tile		Casing Joints: <u>Glued</u> <u>Clamped</u>					
<input type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> 9 Other (specify below)		<u>Welded</u>					
				<input type="checkbox"/> 7 Fiberglass				<u>Threaded</u>					
Blank casing dia <u>5</u> in. to <u>30</u> ft. Dia in. to ft. Dia in. to ft.													
Casing height above land surface <u>12</u> in. weight <u>1.8</u> lbs./ft. Wall thickness or gauge No. <u>250</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass		<input checked="" type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 10 Asbestos-cement					
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 9 ABS		<input type="checkbox"/> 11 Other (specify)					
								<input type="checkbox"/> 12 None used (open hole)					
Screen or Perforation Openings Are:													
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped		<input type="checkbox"/> 8 Saw cut		<input type="checkbox"/> 11 None (open hole)					
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped		<input checked="" type="checkbox"/> 9 Drilled holes							
				<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 10 Other (specify)							
Screen-Perforation Dia <u>5</u> in. to <u>30</u> ft. Dia in. to ft. Dia in. to ft.													
Screen-Perforated Intervals: From <u>170</u> ft. to <u>200</u> ft. From ft. to ft. From ft. to ft.													
Gravel Pack Intervals: From <u>10</u> ft. to <u>200</u> ft. From ft. to ft. From ft. to ft.													
5 GROUT MATERIAL:													
<input type="checkbox"/> 1 Neat cement		<input type="checkbox"/> 2 Cement grout		<input checked="" type="checkbox"/> 3 Bentonite		<input type="checkbox"/> 4 Other							
Grouted Intervals: From ft. to ft. From ft. to ft. From ft. to ft.													
What is the nearest source of possible contamination:													
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon		<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 14 Abandoned water well					
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard		<input type="checkbox"/> 11 Fertilizer storage		<input type="checkbox"/> 15 Oil well/Gas well					
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens		<input type="checkbox"/> 12 Insecticide storage		<input type="checkbox"/> 16 Other (specify below)					
Direction from well <u>North</u> How many feet <u>100</u> ? 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													
was submitted month day year: Pump Installed? Yes No <input checked="" type="checkbox"/>													
If Yes: Pump Manufacturer's name Model No. HP Volts													
Depth of Pump Intake ft. Pumps Capacity rated at gal./min.													
Type of pump:													
<input type="checkbox"/> 1 Submersible		<input type="checkbox"/> 2 Turbine		<input type="checkbox"/> 3 Jet		<input type="checkbox"/> 4 Centrifugal		<input type="checkbox"/> 5 Reciprocating					
								<input type="checkbox"/> 6 Other					
6 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 <u>May</u> month <u>5</u> day <u>1980</u> year													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>302</u>													
This Water Well Record was completed on <u>May</u> month <u>21</u> day <u>1980</u> year under the business													
name of by (signature) <u>Willie Hilde Jr.</u>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:													
		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		3		surface							
		3		45		brown clay							
		45		75		gray clay							
		75		100		medium sand and gravel							
100		200		good medium to coarse sand and gravel									
ELEVATION: <u>Slope</u>													
Depth(s) Groundwater Encountered 1. <u>75</u> 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.