

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>	<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>7</u>	T <u>28</u> S	R <u>27</u> E <u>(W)</u>

Distance and direction from nearest town or city street address of well if located within city?

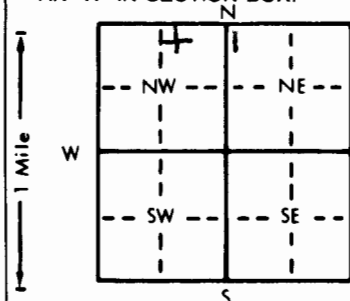
Haggard, KS 6mi West of Ensign KS on Highway 562 WATER WELL OWNER: Dodge City Cooperative ExchangeRR#, St. Address, Box #: 710 W. Trail

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: Dodge City, KS 67801

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 220 ft. ELEVATION: 190 ft.Depth(s) Groundwater Encountered 1. 190 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ 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 12 in. to 220 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 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 mw-6Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes _____ No ✓

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 4 ABS

5 Wrought iron

6 Asbestos-Cement

7 Fiberglass

8 Concrete tile

9 Other (specify below)

CASING JOINTS: Glued _____ Clamped _____

Welded _____

Threaded ✓Blank casing diameter _____ in. to 180 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 PVC

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify) _____

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify) _____

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From _____ ft. to 180 ft. From _____ ft. to 210 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to 175 ft. From _____ ft. to 220 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement

2 Cement grout3 Bentonite

4 Other _____

Grout intervals: From _____ ft. to 175 ft. From 172 ft. to 175 ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines

2 Sewer lines 5 Cess pool

3 Watertight sewer lines 6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/Gas well

16 Other (specify below)

Direction from well? NorthwestHow many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.2	clayey sand			
1.2	13.4	silty clay			
13.4	38.6	clayey silt			
38.6	57.5	silty sand			
57.5	86.5	silt and sand			
86.5	103	clayey silt			
103	119	clayey silty sand			
119	123.5	clay silt			
123.5	134.5	silty sand			
134.5	158	sandy clayey silt			
158	185	sandy silty clay			
185	188	silty sand			
188		sand			

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/year) 11/21/95 and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. 540 This Water Well Record was completed on (mo/day/yr) 11/17/95under the business name of Prairie Land Environmental Remediation Inc by (signature) [Signature]

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.