

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <b>Stanton</b>	SW ¼ SW ¼ NW ¼	32	T 28 S	R 39 <b>EW</b>

Distance and direction from nearest town or city? **Hwy jct. at Johnson St. address of well if located within city?**  
**Ks. 8 miles east and 1/2 south**

2 WATER WELL OWNER: **Gene Easton**  
 RR#, St. Address, Box #: **2400 Reeves**  
 City, State, ZIP Code: **Dodge City, Ks. 67801**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **9043**

3 DEPTH OF COMPLETED WELL... **563** ft. Bore Hole Diameter... **26** in. to **563** 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 Observation well

Well's static water level **.158** ft. below land surface measured on **Dec.** month **21** day **1980** year  
 Pump Test Data: Well water was **300** ft. after **32** hours pumping **1200** gpm  
 Est. Yield **1280** 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 **X**  
 7 Fiberglass      Threaded

Blank casing dia **16** in. to **372.6** ft., Dia in. to ... ft., Dia in. to ... ft.  
 Casing height above land surface **18** in., weight **36.86** lbs./ft. Wall thickness or gauge No. **.219**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-cement  
 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify)

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-Perforation Dia **16** in. to **563** ft., Dia in. to ... ft., Dia in. to ... ft.  
 Screen-Perforated Intervals: From **372.6** ft. to **563** ft., From ... ft. to ... ft.  
 Gravel Pack Intervals: From **10** ft. to **563** ft., From ... ft. to ... ft.

5 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other

Grouted Intervals: From **0** ft. to **10** ft., From ... ft. to ... ft., From ... ft. to ... ft.

What is the nearest source of possible contamination:  
 1 Septic tank      4 Cess pool      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 **north** How many feet **280**? Water Well Disinfected? Yes **X** No

Was a chemical/bacteriological sample submitted to Department? Yes No **X** If yes, date sample was submitted ... month ... day ... year: Pump Installed? Yes No **X**

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 **Dec.** month **18** day **1980** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **164**  
 This Water Well Record was completed on **June** month **16** day **1980** year under the business name of **Houck Bros. Drilling Co.** by (signature) **Mellie M. Beard**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<p>ELEVATION: <b>slope</b></p>	0	2	Surface			
	2	91	Brown clay			
	91	110	Medium sand			
	110	135	Brown clay			
	135	167	Fine to medium sand w/clay			
	167	221	Brown clay			
	221	265	Fine sand w/sandy clay			
	265	320	Sandy clay w/fine to medium sand			
	320	370	Sandy clay w/very tight clay strips			
	370	398	Sandy clay w/strips of medium to coarse sand			
	398	428	Medium to coarse sand w/small clay breakers			

Depth(s) Groundwater Encountered 1... **158** 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.

<b>1 LOCATION OF WATER WELL</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section Number <b>32</b>	Township Number <b>T 28 S</b>	Range Number <b>R 39 E/W</b>
County:		Distance and direction from nearest town or city?		
Street address of well if located within city?				

**2 WATER WELL OWNER:**  
 RR#, St. Address, Box # : **Gene Easton 2400 Reeves**  
 City, State, ZIP Code : **Dodge City, Ks.**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **9043**

**3 DEPTH OF COMPLETED WELL** ..... ft. Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.

Well Water to be used as:

1 Domestic	2 Irrigation	3 Feedlot	4 Industrial	5 Public water supply	6 Oil field water supply	7 Lawn and garden only	8 Air conditioning	9 Dewatering	10 Observation well	11 Injection well	12 Other (Specify below)
------------	--------------	-----------	--------------	-----------------------	--------------------------	------------------------	--------------------	--------------	---------------------	-------------------	--------------------------

Well's static water level ..... ft. below land surface measured on ..... month ..... day ..... year

Pump Test Data : Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

**4 TYPE OF BLANK CASING USED:**

1 Steel	2 PVC	3 RMP (SR)	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 dia ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	2 Brass	3 Stainless steel	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	2 Louvered shutter	3 Mill slot	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-Perforation Dia ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Screen-Perforated Intervals: From ..... ft. to ..... 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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	2 Sewer lines	3 Lateral lines	4 Cess pool	5 Seepage pit	6 Pit privy	7 Sewage lagoon	8 Feed yard	9 Livestock pens	10 Fuel storage	11 Fertilizer storage	12 Insecticide storage	13 Watertight sewer lines	14 Abandoned water well	15 Oil well/Gas well	16 Other (specify below)
---------------	---------------	-----------------	-------------	---------------	-------------	-----------------	-------------	------------------	-----------------	-----------------------	------------------------	---------------------------	-------------------------	----------------------	--------------------------

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 ..... day ..... year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on ..... month ..... day ..... year under the business name of ..... by (signature)

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	428	444	Yellow chalk & sandrock			
	444	450	Brown & gray shale w/sandstone			
	450	452	Brown and blue shale			
	452	475	Brown shale w/sandstone			
	475	485	Brown shale			
	485	532	Brown and red shale w/sandstone			
	532	563	Brown shale & sandstone			
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.