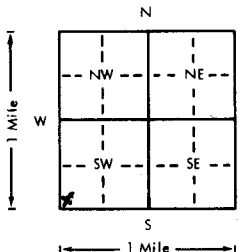


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Stanton		SW 1/4 SW 1/4 SW 1/4	27	T 28 S	R 40 EW
Distance and direction from nearest town or city? 3 Mi. east of Johnson City			Street address of well if located within city?		
2 WATER WELL OWNER: Loren Puyear RR#, St. Address, Box #: 929 Mt. View Rd. City, State, ZIP Code: Castle Rock, Colo. 80104 Board of Agriculture, Division of Water Resources Application Number:					
3 DEPTH OF COMPLETED WELL: 420 ft. Bore Hole Diameter: 10 in. to 420 ft., and in. to ft. Well Water to be used as: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) Well's static water level: 275 ft. below land surface measured on 9 month 4 day 81 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: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought iron <input type="checkbox"/> Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify below) Welded Blank casing dia: 5 in. to 380 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface: 12-24 in., weight 250PSI lbs./ft. Wall thickness or gauge No. 262 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> ABS <input type="checkbox"/> Other (specify) Screen or Perforation Openings Are: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Drilled holes Screen-Perforation Dia: 5 in. to 420 ft., Dia in. to ft., Dia in. to ft. Screen-Perforated Intervals: From 380 ft. to 420 ft., From ft. to ft. to ft. Gravel Pack Intervals: From 320 ft. to 420 ft., From ft. to ft. to ft.					
5 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Grouted Intervals: From 0 ft. to 10 ft., From ft. to ft. to ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Cess pool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feed yard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) Direction from well: West How many feet: 150' Water Well Disinfected? Yes <input checked="" type="checkbox"/> No Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year: Pump Installed? Yes <input checked="" type="checkbox"/> (used) 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: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input type="checkbox"/> Reciprocating <input type="checkbox"/> Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 4 day 81 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 160 This Water Well Record was completed on 9 month 11 day 81 year under the business name of JIM SMITH PUMP SERVICE by (signature) Betty Pearce (BK) <i>Betty Pearce</i>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		0	20	Surface	
		20	80	clay	
		80	140	sand	
		140	175	clay	
		175	240	sand	
		240	280	sand w/ clay stripes	
		280	420	sand (fine-med.)	
ELEVATION:					
Depth(s) Groundwater Encountered		(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.