

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <u>Ford</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>25</u>	<u>29</u>	<u>26 W</u>																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: <u>John Maynard</u>																								
RR#, St. Address, Box #: <u>Rt 1 Box 97</u>		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code: <u>Fowler, KS 67844</u>		Application Number:																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <u>260</u>ft.																							
N	WELL'S STATIC WATER LEVEL.....ft.																							
<table border="1" style="width:100%"><tr><td style="width:25%"> </td><td style="width:25%"> </td><td style="width:25%"> </td><td style="width:25%"> </td></tr><tr><td style="text-align:center">N W</td><td style="text-align:center"> </td><td style="text-align:center">N E</td><td style="text-align:center"> </td></tr><tr><td style="text-align:center">W</td><td style="text-align:center"> </td><td style="text-align:center"> </td><td style="text-align:center">E</td></tr><tr><td style="text-align:center">S W</td><td style="text-align:center"> </td><td style="text-align:center">S E</td><td style="text-align:center"> </td></tr><tr><td style="text-align:center">S</td><td style="text-align:center"> </td><td style="text-align:center"> </td><td style="text-align:center"> </td></tr></table>					N W		N E		W			E	S W		S E		S				WELL WAS USED AS:			
N W		N E																						
W			E																					
S W		S E																						
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	Was a chemical/bacteriological sample submitted to Department? Yes....No... <input checked="" type="checkbox"/>																							
	If yes, mo/day/yr sample was submitted.....																							
	Water Well Disinfected: Yes... <input checked="" type="checkbox"/> ... No.....																							
5 TYPE OF BLANK CASING USED:																								
<u>uncased dry hole</u>																								
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Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....																								
Casing height above or below land surface.....in.																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other.....																								
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. toft., From..... to.....ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? How many feet?																								
FROM	TO	PLUGGING MATERIALS																						
<u>260</u>	<u>5</u>	<u>compacted soils</u>																						
<u>5</u>	<u>2</u>	<u>bentonite hole plug</u>																						
<u>3</u>	<u>0</u>	<u>soils</u>																						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>10-28-87</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>101</u> This Water Well Record was completed on (mo/day/year)..... <u>11-5-97</u> under the business name of ... <u>Barrel Well Drilling, Inc.</u> ... by (signature) <u>Kenner J. Bortel</u>																								

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.

WATER WELL RECORD Form WWC-5 KSA 82a-1212					
1 LOCATION OF WATER WELL:		Fraction SE ¼ SE ¼ SE ¼	Section Number 25	Township Number T 29 S	Range Number R 26 E ①
County: Ford Distance and direction from nearest town or city street address of well if located within city? 18S + 5W from Dodge City					
2 WATER WELL OWNER: John Maynard					
RR#, St. Address, Box # : Rt 1 Box 97			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Fowler KS 67844			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 260 ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL dry _____ ft. below land surface measured on mo/day/yr 10-26-97			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 0 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8 ¾ in. to 260 ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot ⑤ Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface _____ in., weight _____ lbs./ft., Wall thickness or gauge No. _____				Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
				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		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torched holes	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
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.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		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? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		Uncased dry hole	260	5	compacted soils hole plug
			5	0	
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) 10-26-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 101 . This Water Well Record was completed on (mo/day/yr) 11-5-97 under the business name of Bartel Well Drilling, Inc. by (signature) <i>Reuben J. Bartel</i>					
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.					