

1 LOCATION OF WATER WELL:		Fraction County: <i>Gray</i>	Section Number <i>36</i>	Township Number <i>T 29 S</i>	Range Number <i>R 27 EW</i>	
Distance and direction from nearest town or city street address of well if located within city? <i>7 miles north 1/2 west From Fowler</i>						
2 WATER WELL OWNER:		<i>Robert Sobba</i>		Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #		<i>RR 1 Box 32</i>		Application Number: <i>7442</i>		
City, State, ZIP Code		<i>Fowler KS 67844</i>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<input checked="" type="checkbox"/> 4 DEPTH OF COMPLETED WELL <i>188'</i> ft. ELEVATION: <i>105'</i> ft. below land surface measured on mo/day/yr Depth(s) Groundwater Encountered <i>1</i> ft. ft. 2. ft. ft. 3. ft. WELL'S STATIC WATER LEVEL <i>105'</i> 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 in. to 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 Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
5 TYPE OF BLANK CASING USED:		5 Wrought iron <i>1 Steel</i>	8 Concrete tile <i>3 RMP (SR)</i>	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>		
		6 Asbestos-Cement <i>2 PVC</i>	9 Other (specify below) <i>4 ABS</i>	Welded <input type="checkbox"/> Threaded <input checked="" type="checkbox"/>		
Blank casing diameter <i>16"</i> in. to <i>121</i> ft. Dia. in. to ft. Dia. in. to ft.						
Casing height above land surface <i>36'</i> in., weight				lbs./ft. Wall thickness or gauge No.		
6 TYPE OF SCREEN OR PERFORATION MATERIAL:						
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass		3 Stainless steel <i>3</i>	5 Fiberglass <i>5</i>	7 PVC <i>6</i>	10 Asbestos-cement <i>11</i>	
<input type="checkbox"/> 4 Galvanized steel		4 Galvanized steel <i>4</i>	6 Concrete tile <i>6</i>	8 RMP (SR) <i>9</i>	11 Other (specify) <i>12</i>	
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) <i>Torch Slot.</i>	11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <i>121</i> ft. to <i>188'</i> ft.				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. From ft. to ft.		
6 GROUT MATERIAL: 1 Neat cement		2 Cement grout	3 Bentonite	4 Other		
Grout Intervals: From <i>25</i> ft. to <i>5</i> ft.		From ft. to ft.	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 Watertight sewer lines		4 Lateral lines 5 Cess pool 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?						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
				<i>188'</i>	<i>121</i>	<i>Chlorinated Sand.</i>
				<i>121</i>	<i>25</i>	<i>Clay</i>
				<i>25</i>	<i>5</i>	<i>concrete</i>
				<i>5</i>	<i>0</i>	<i>Back Fill</i>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>June 25 91</i> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <i>_____</i> This Water Well Record was completed on (mo/day/year) <i>June 25 91</i> by (signature) <i>Robert G Sobba</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						