



1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: <i>Gray</i>	<del>SE</del> <del>NE</del> <del>SE</del> <del>NE</del> <del>1/4</del> <del>1/4</del> <del>SE</del> <del>1/4</del>	5	T 29 S	R 30 <del>EW</del>	
Distance and direction from nearest town or city street address of well if located within city? <i>INT 1E from Copeland</i>					
2 WATER WELL OWNER:	Henry T Loewen				
RR#, St. Address, Box #	1160 RR Road				
City, State, ZIP Code	Copeland, KS				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
4 DEPTH OF COMPLETED WELL..... ft. ELEVATION:.....					
Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.					
WELL'S STATIC WATER LEVEL <i>208</i> ft. below land surface measured on mo/day/yr <i>10-2-01</i>					
Pump test data: Well water was <i>208</i> ft. after <i>1</i> hours pumping <i>30</i> gpm					
Est. Yield <i>1.00</i> gpm; Well water was ..... ft. after ..... hours pumping ..... gpm					
Bore Hole Diameter <i>8 3/4</i> in. to <i>350</i> ft. and ..... in. to ..... ft.					
E 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 Domestic (lawn & garden) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes. <input checked="" type="checkbox"/> No. <input 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:	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>				
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile	Welded <input type="checkbox"/>				
④ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)	Threaded <input type="checkbox"/>				
Blank casing diameter <i>5</i> in. to <i>290</i> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.					
Casing height above land surface <i>18</i> in., weight ..... lbs./ft. Wall thickness or gauge No. <i>200</i>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass ④ PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped ④ Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) ..... ft.					
SCREEN-PERFORATED INTERVALS: From. <i>200</i> ft. to <i>350</i> ft. From. ..... ft. to ..... ft.					
From. ..... ft. to ..... ft. From. ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From. <i>20</i> ft. to <i>350</i> ft. From. ..... ft. to ..... ft.					
From. ..... ft. to ..... ft. From. ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ④ Bentonite 4 Other					
Grout Intervals: From. <i>4</i> ft. to <i>20</i> 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 10 Livestock pens 14 Abandoned water well					
② Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
Direction from well? <i>S</i>	How many feet? <i>200</i>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<i>0</i>	<i>10</i>	<i>topsoil</i>			
<i>10</i>	<i>14</i>	<i>brown clay</i>			
<i>14</i>	<i>30</i>	<i>white clay</i>			
<i>30</i>	<i>45</i>	<i>brown clay</i>			
<i>45</i>	<i>58</i>	<i>sand</i>			
<i>58</i>	<i>61</i>	<i>brown clay</i>			
<i>61</i>	<i>176</i>	<i>sand + gravel</i>			
<i>176</i>	<i>179</i>	<i>rock</i>			
<i>179</i>	<i>350</i>	<i>sand + gravel</i>			
7 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 (mo/day/year) <i>10-2-01</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <i>101</i> This Water Well Record was completed on (mo/day/yr) <i>10-4-01</i> under the business name of <i>Bested Well Drilling, Inc.</i>					
by (signature) <i>Reuben J. Bested</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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					