

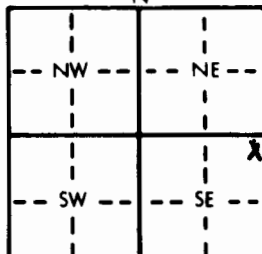
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1 LOCATION OF WATER WELL: County: <u>Haskell</u>	Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section Number <u>3</u>	Township Number T <u>29 S</u>	Range Number R <u>31 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

4 N Sublette 8 East

2 WATER WELL OWNER: <u>THOMAS L. WARD</u> RR#, St. Address, Box # : <u>PO. Box 65</u> City, State, ZIP Code : <u>Copeland Kansas 67837</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>370</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>205</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>205</u> ft. below land surface measured on mo/day/yr <u>1-30-82</u> Pump test data: Well water was <u>207</u> ft. after <u>2</u> hours pumping <u>50</u> gpm Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>370</u> 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 <u>PVC</u> 4 <u>ABS</u> Blank casing diameter <u>5</u> in. to <u>260</u> ft. Dia. <u>5</u> in. to <u>300-350</u> ft. Dia. _____ in. to _____ ft. Casing height above land surface <u>18</u> in. weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>0.265</u>	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ 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) _____ 12 None used (open hole) 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-PERFORATED INTERVALS: From <u>260</u> ft. to <u>300</u> ft. From _____ ft. to _____ ft. From <u>350</u> ft. to <u>370</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>160</u> ft. to <u>370</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
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6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>10</u> 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) 13 Insecticide storage Direction from well? <u>NW</u> How many feet? <u>150</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	205	overburden			
205	220	medium to coarse sand			
220	240	medium to coarse sand			
240	260	medium to coarse sand			
260	280	medium to coarse sand			
280	300	medium sand + blue clay			
300	320	blue clay			
320	340	fine sand + blue clay			
340	360	medium sand + blue clay			
360	370	medium sand + blue clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/30/82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>142</u> This Water Well Record was completed on (mo/day/yr) <u>5-6-82</u> under the business name of <u>T & W Water Well Service Inc</u> by (signature) <u>C. D. Wagoner</u> / <u>SK</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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