

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Haskell</u>		<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	31	T 29	R 32
Distance and direction from nearest town or city street address of well if located within city? Sublette at Jct. 83 and 56 1 North and East into					
2 WATER WELL OWNER: SW Windmill John Fehr					
RR#, St. Address, Box # : P.O. Box 909			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Meade, Ks 67864			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>460</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <u>330</u> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>330</u> ft. below land surface measured on mo/day/yr <u>5-29-05</u>			
		Pump test data: Well water was <u>400</u> ft. after <u>1</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic <input type="radio"/> Feedlot <input type="radio"/> Oil field water supply <input type="radio"/> Air conditioning <input type="radio"/> Injection well <input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Domestic (lawn & garden) <input type="radio"/> Dewatering <input type="radio"/> Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No _____ ; If yes, mo/day/yrs sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="radio"/> Steel <input checked="" type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS		<input type="radio"/> Wrought iron <input type="radio"/> Asbestos-Cement <input type="radio"/> Fiberglass		<input type="radio"/> Concrete tile <input type="radio"/> Other (specify below)	
Blank casing diameter <u>5</u> in. to <u>430</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____			
Casing height above land surface <u>24</u> in., weight <u>3,904</u> lbs./ft. Wall thickness or gauge No. <u>SDR 21-316</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="radio"/> Steel <input type="radio"/> Brass <input type="radio"/> Stainless Steel <input type="radio"/> Galvanized Steel		<input type="radio"/> Fiberglass <input type="radio"/> Concrete tile		<input checked="" type="radio"/> PVC <input type="radio"/> RMP (SR) <input type="radio"/> ABS <input type="radio"/> Asbestos-Cement <input type="radio"/> Other (Specify) _____ <input type="radio"/> None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="radio"/> Continuous slot <input type="radio"/> Mill slot <input type="radio"/> Louvered shutter <input type="radio"/> Key punched		<input type="radio"/> Guazed wrapped <input type="radio"/> Wire wrapped <input type="radio"/> Torch cut		<input checked="" type="radio"/> Saw cut <input type="radio"/> Drilled holes <input type="radio"/> Other (specify) _____ ft. <input type="radio"/> None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>430</u> ft. to <u>450</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>150</u> ft. to <u>450</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement <input type="radio"/> Cement grout <input type="radio"/> Bentonite <input checked="" type="radio"/> Other <u>Hole plug</u>					
Grout intervals: From <u>1</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="radio"/> Septic tank <input type="radio"/> Sewer lines <input type="radio"/> Watertight sewer lines		<input type="radio"/> Lateral lines <input type="radio"/> Cess pool <input type="radio"/> Seepage pit		<input type="radio"/> Pit privy <input type="radio"/> Sewage lagoon <input type="radio"/> Feedyard <input type="radio"/> Livestock pens <input type="radio"/> Fuel storage <input type="radio"/> Fertilizer storage <input type="radio"/> Insecticide storage	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Surface			
1	76	Clay			
76	139	Sand			
139	143	Clay			
143	186	Sand			
186	217	Sand and clay streaks			
217	226	Clay			
226	358	Clay blue			
358	393	Sand			
393	400	Clay			
400	454	Sand			
454	460	Clay blue yellow tan			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>5-29-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>KWCCL-430</u> . This Water Well Record was completed on (mo/day/yr) <u>5-29-05</u> under the business name of <u>Howard Drilling Box 806 Beaver, Ok 73932</u> by (signature) <u>[Signature]</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 two free copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					