

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																
County: <u>Haskell</u>		<u>NE 1/4</u> <u>NE 1/4</u> <u>NE 1/4</u>	<u>26</u>	<u>T 30 S</u>	<u>R 31 E/W</u>																
Distance and direction from nearest town or city street address of well if located within city? <u>30' South of New Well located 4 South and 9 East of Sublette, Kansas</u>																					
2 WATER WELL OWNER: <u>Twila Stapleton</u>																					
RR#, St. Address, Box # : <u>Rt. 1, Box 85</u> Board of Agriculture, Division of Water Resources																					
City, State, ZIP Code : <u>Plains, Kansas 67869</u> Application Number: <u>---</u>																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>230</u> ft. ELEVATION:																			
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px;"><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>NW</td><td></td><td>NE</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td><td></td></tr></table>					X	NW		NE						SW		SE		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
					X																
		NW		NE																	
SW		SE																			
WELL'S STATIC WATER LEVEL ... <u>175</u> ... ft. below land surface measured on mo/day/yr ... <u>8-4-90</u>																					
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 ... <u>6</u> in. to ft., and in. to ft.																					
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																					
XXX 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.....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)	6 Asbestos-Cement	9 Other (specify below)	Welded																
2 PVC		4 ABS	7 Fiberglass		Threaded																
Blank casing diameter ... <u>6</u> in. to ft., Dia ... in. to ft., Dia ... in. to ft.																					
Casing height above land surface ... in., weight ... lbs./ft. Wall thickness or gauge No.																					
TYPE OF SCREEN OR PERFORATION MATERIAL:																					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)																
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	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 ft. to ft., From ft. to ft.																					
GRAVEL PACK INTERVALS: 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	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?		How many feet?																			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																
			0	5	Soil																
			5	20	Bentonite Grout																
			20	175	Clay																
			175	230	Med. to Lar. Sand																
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) ... <u>August 4, 1990</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... <u>252</u> ... This Water Well Record was completed on (mo/day/yr) ... <u>August 13, 1990</u> ... under the business name of <u>Friesen Windmill & Supply Inc.</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 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.																					

OFFICE USE ONLY

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