

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Grant</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>20</u>	<u>T 30 S</u>	<u>R 36 EW</u>

Distance and direction from nearest town or city? 105 - 4E of Ulysses, Kansas Street address of well if located within city?

2 WATER WELL OWNER: Carl Thurow
 RR#, St. Address, Box #: 601 Trindle
 City, State, ZIP Code: Lugoton, Kansas 67951
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 310 ft. Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Stock Pasture
 7 Lawn and garden only 10 Observation well
 Well's static water level 145 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing dia 5 in. to 310 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 12 to 24 in., weight Not Known lbs./ft. Wall thickness or gauge No. 262 W

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 2 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia 5 in. to 310 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals:
 From 270 ft. to 310 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals:
 From 210 ft. to 310 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
Dirt + Gravel From 20 ft. to 210 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination: None
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was
 completed on _____ month _____ day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 160
 This Water Well Record was completed on _____ month _____ day _____ year under the business
 name of Jim Smith Pump Service by (signature) James Ray Smith

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	20	Surface sand			
	20	100	Clay w/sand			
	100	240	Sand			
	240	310	Clay-sand mix			
ELEVATION:						
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)						

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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EW
SEC.
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NW 1/4
NW 1/4
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