

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>		<u>SW<sub>4</sub></u> <u>SE<sub>1</sub>/<sub>4</sub></u> <u>SE<sub>1</sub>/<sub>4</sub></u>	<u>1</u>	<u>T 30 S</u>	<u>R 7 E</u> <u>W</u>
Distance and direction from nearest town or city street address of well if located within city?					

3 east Rago

Application Number:

4 DEPTH OF COMPLETED WELL.....32..... ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 20 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield <sup>15</sup> gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter, 9 in. to          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)
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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 sub-

Water Well Disinfected?	Yes	No
mitted		

CASING JOINTS: Glued . . . . . Clamped

**Welded** . . . . .

Threaded. . . . .

Blank casing diameter 9 in. to 22 ft., Dia 5.28ft in. to 32 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface..... 16 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ... 21 .....

10 Asbestos-cement

11 Other (specify) .....

12 None used (open hole)

8 Saw cut                      11 None (open hole)

9 Drilled holes

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 22 ft. to 27 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

From 20 ft. to 32 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 32 ft., From . . . . . ft. to . . . . . ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

#### 4 Other

Grout Intervals: From 3 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

14 Abandoned water well

15 Oil well/Gas well

16 Other (specify below)

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How many feet? **300**

FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
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LITHOLOGIC LOG

FROM

## PLUGGING INTERVALS

3	15	clay
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15	27	clear
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17	32	shale
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1	2	State

by (signature)

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.