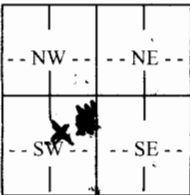


1 LOCATION OF WATER WELL: County: <u>Kingman</u> Fraction <u>SW 1/4 NE 1/4 SW 1/4</u> Section Number <u>11</u> Township Number <u>T 30 S</u> Range Number <u>R 9 E/W</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____	
Distance and direction from nearest town or city street address of well if located within city? <u>404 E B Street</u>			
2 WATER WELL OWNER: <u>Kenny Claphan</u> RR#, St. Address, Box # : _____ City, State, ZIP Code : <u>2048 E Street</u> <u>Lawrence</u> <u>Kansas</u> <u>67159</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL <u>20</u> ft. Depth(s) Groundwater Encountered (1) <u>4</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>4</u> ft. below land surface measured on <u>mo/day/yr</u> <u>20 Aug 09</u> Pump test data: Well water was _____ ft. after _____ hours pumping <u>20</u> gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____		
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter _____ in. to <u>20</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>5' Blaw</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw 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: <input checked="" type="checkbox"/> Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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 13 Insecticide storage 16 Other (specify _____) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below <input checked="" type="checkbox"/> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well _____ Direction from well? _____ How many feet? _____			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
		<u>20'</u>	<u>Sand Point</u>
		<u>4'</u>	<u>Cement</u>
		<u>0'</u>	<u>Pit</u>
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>20 Aug 09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>734</u> This Water Well Record was completed on (mo/day/year) <u>20 Aug 09</u> under the business name of <u>Prewitt Smith Fluid Systems</u> by (signature) <u>Charles Smith</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, 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. Visit us at http://www.kdheks.gov/waterwell/index.html .			