

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Comanche	C ¼ NW ¼ NW ¼	2	T 31 S	R 18W E/W

Distance and direction from nearest town or city? **8 N, 3 E of Coldwater, Kansas**

Street address of well if located within city?

2 WATER WELL OWNER: **Gabbert & Jones**
 RR#, St. Address, Box #: **830 Sutton Pl.**
 City, State, ZIP Code: **Wichita, Kansas 67202**

Board of Agriculture, Division of Water Resources
 Application Number: **Unknown**

3 DEPTH OF COMPLETED WELL: **235** ft. Bore Hole Diameter: **8** in. to **235** ft., and in. to ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden only

Well's static water level: **120** ft. below land surface measured on **3** month **24** day **1981** year

Pump Test Data: Well water was ft. after hours pumping gpm
 Est. Yield **60** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued Clamped Welded Threaded

Blank casing dia: **5** in. to **215** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)

Screen-Perforation Dia: **5** in. to ft., Dia in. to ft., Dia in. to ft.
 Screen-Perforated Intervals: From **215** ft. to **235** ft., From ft. to ft., From ft. to ft.
 Gravel Pack Intervals: From **10** ft. to **235** 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 **10** ft., From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well: **South** How many feet: **60** ? 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **3** month **24** day **1981** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**

This Water Well Record was completed on **April** month **24** day **1981** year under the business name of **Kellys Water Well Service** by (signature) *Kelly Price*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	195	Clay			
195	235	Sand and Gravel			

ELEVATION: **Unknown**

Depth(s) Groundwater Encountered 1. **120** 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.

OFFICE USE ONLY
T 31
R 18
SEC 2
2 1/4 NW 1/4 NW 1/4