

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Morton</u>		<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>32</u>	<u>T 31 S</u>	<u>R 39 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Dermot School - 2 mi South - 1/4 mile east</u>					
<b>2 WATER WELL OWNER:</b> <u>Loren Sullivan</u>					
RR#, St. Address, Box # <u>1600 Eisenhower st.</u>					
City, State, ZIP Code <u>Hugoton, KS 67857</u>					
<small>Board of Agriculture, Division of Water Resources Application Number:</small>					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <u>315</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered <u>1</u> <u>245</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.			
		WELL'S STATIC WATER LEVEL <u>245</u> ft. below land surface measured on mo/day/yr <u>5-18-07</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 _____ in. to _____ ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 1 Domestic    2 Irrigation    3 Feed lot    4 Industrial    5 Public water supply    6 Oil field water supply    7 Lawn and garden (domestic)    8 Air conditioning    9 Dewatering    10 Monitoring well    11 Injection well    12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____					
<b>TYPE OF BLANK CASING USED:</b>					
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 diameter _____ 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. _____					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
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)					
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
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    10 Other (specify)    11 None (open hole)					
<b>GREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
<b>GROUT MATERIAL:</b> 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    2 Sewer lines    3 Watertight sewer lines    4 Lateral lines    5 Cess pool    6 Seepage pit    7 Pit privy    8 Sewage lagoon    9 Feedyard    10 Livestock pens    11 Fuel storage    12 Fertilizer storage    13 Insecticide storage    14 Abandoned water well    15 Oil well/ Gas well    16 Other (specify below)					
Location from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
				<u>315</u>	<u>195</u>
				<u>195</u>	<u>191</u>
				<u>191</u>	<u>16</u>
				<u>16</u>	<u>10</u>
				PLUGGING INTERVALS	
				<u>Gravel Fill</u>	
				<u>Bentonite Plug</u>	
				<u>Fill</u>	
				<u>Cement Plug</u>	
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and I certify that this record is true to the best of my knowledge and belief. Kansas					
Completed on (mo/day/yr) <u>5-18-07</u> and this record is true to the best of my knowledge and belief. Kansas					
Well Contractor's License No. <u>473</u> This Water Well Record was completed on (mo/day/yr) <u>5-21-07</u>					
The business name of <u>Tyler Water Well Serv</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					