

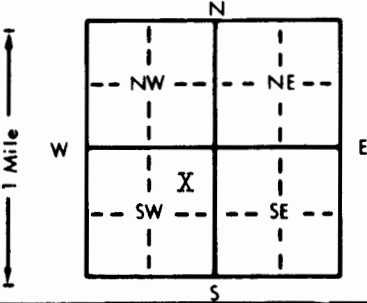
1 LOCATION OF WATER WELL: County: <b>Comanche</b>	Fraction <b>C 1/4 NE 1/4 SW 1/4</b>	Section Number <b>23</b>	Township Number <b>T 32 S</b>	Range Number <b>R 17W E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**11 E, 1 S of Coldwater, Kansas**

2 WATER WELL OWNER: <b>William Booth</b>	<b>Union Drilling</b>	<b>Booth No. 1</b>
RR#, St. Address, Box #: <b>Coldwater, Ks.</b>	<b>422 Union Center</b>	<b>Board of Agriculture, Division of Water Resources</b>
City, State, ZIP Code: <b>67029</b>	<b>Wichita, Ks. 67202</b>	<b>Application Number: Unknown</b>

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL... <b>115</b> ..... ft. ELEVATION: <b>Unknown</b> .....
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Depth(s) Groundwater Encountered **150** ..... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ..... **50** . ft. below land surface measured on **mo/day/yr** ..... **3/20/84** . . . . .

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

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

Bore Hole Diameter ..... **8** . in. to **115** ..... 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)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> . . . . . Clamped . . . . .
1 Steel	3 RMP (SR)	9 Other (specify below)	Welded . . . . .
2 <u>PVC</u>	4 ABS	7 Fiberglass	Threaded. . . . .

Blank casing diameter ..... **5** ..... in. to **95** ..... 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:	7 <u>PVC</u>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile
		8 RMP (SR)
		9 ABS
		11 Other (specify) . . . . .
		12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 <u>Saw cut</u>	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) . . . . .

SCREEN-PERFORATED INTERVALS: From ..... **95** ..... ft. to **115** ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **10** ..... ft. to **115** ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:	1 <u>Neat cement</u>	2 Cement grout	3 Bentonite	4 Other
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Grout Intervals: From... **0** ..... ft. to **10** ..... 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 <u>Oil well/Gas well</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **South** How many feet? **60**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	25	<u>Clay</u>			
25	115	<u>Sand &amp; Gravel with Clay Streaks</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) ... **3/20/84** ..... 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 (mo/day/yr) ..... **4/30/84** ..... under the business name of **Kellys Water Well Service** by (signature) *[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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 32 R 17 E 23 C 1/4 NE 1/4 SW 1/4

