

1 LOCATION OF WATER WELL: County: **Stevens** Fraction: **NW ¼ NW ¼ NE ¼** Section Number: **25** Township Number: **T 32 S** Range Number: **R 37 EW**

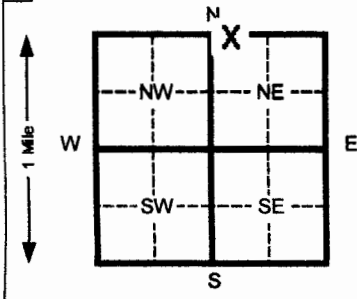
Distance and direction from nearest town or city street address of well if located within city?

7 West of Moscow

2 WATER WELL OWNER: **Mike Littlefield**
 RR#, St. Address, Box #: **RDF** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hugton KS 67951** Application Number:

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

4 DEPTH OF COMPLETED WELL: **293** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **150** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **150** ft. below land surface measured on **1/25/05**
 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 **10** 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No _____



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

Blank casing diameter **5** in. to **293** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR21**

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

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

SCREEN-PERFORATED INTERVALS: From **190** ft. to **210** ft. From **230** ft. to **250** ft.
 From **270** ft. to **290** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals From **5** ft. to **25** 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 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
Non observed

Direction from well? _____ How many feet? _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|--------------------------|------|----|--------------------|
| 0 | 25 | | Top soil & brown clay | | | |
| 25 | 26 | | sand | | | |
| 26 | 65 | | Brown & yellow clay | | | |
| 65 | 82 | | Med sand & a little clay | | | |
| 82 | 98 | | Sandy clay | | | |
| 98 | 114 | | Sand fine to med | | | |
| 114 | 147 | | Sandy clay & caliche | | | |
| 147 | 153 | | Sand & caliche med | | | |
| 153 | 164 | | Brown clay | | | |
| 164 | 191 | | Sand & sandy clay | | | |
| 191 | 246 | | Med sand & a little clay | | | |
| 246 | 262 | | Sandyclay 5' of sand | | | |
| 262 | 279 | | Med sand & 6' of clay | | | |
| 279 | 311 | | Brown clay | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was **CONSTRUCTED**
 completed on (mo/day/yr) **1/25/05** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **1/26/05**
 under the business name of **Tyler Water Well Inc.** by (signature) _____

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: 813-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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