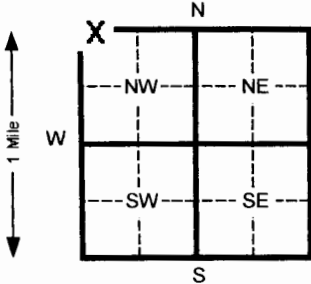


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NW 1/4 NW 1/4** Section Number **35** Township Number **T 32 S** Range Number **R 37 EW**  
 County: **Stevens**

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

**2 north & 1 east of Hugoton**

2 WATER WELL OWNER: **Thomas Zellner**  
 RR#, St. Address, Box #: **HC01 Box 3EE** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Hugoton KS67951** Application Number:

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

4 DEPTH OF COMPLETED WELL **300** ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1 **120** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **120** ft. below land surface measured on **1/11/06**  
 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 **9.75** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 2 PVC 4 ABS 7 Fiberglass **Eagle - Loc** Threaded \_\_\_\_\_  
 Blank casing diameter **5** in. to **300** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **18** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **SDR17**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 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 **144** ft. to **164** ft. From **184** ft. to **204** ft.  
 From **224** ft. to **244** ft. From **264** ft. to **284** 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: 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **None observed**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20		<b>Topsoil &amp; sandy clay</b>			
20	46		<b>Fine sand &amp; a lit clay</b>			
46	62		<b>Caliche &amp; brn clay</b>			
62	67		<b>Med sand</b>			
67	120		<b>Sandy clay</b>			
120	180		<b>Caliche &amp; sndy cl &amp; fine snd str</b>			
180	200		<b>Sandy clay; a few med snd strk</b>			
200	224		<b>Brn sticky clay</b>			
224	245		<b>Sandy clay &amp; fine snd strks</b>			
245	275		<b>Brn sticky clay</b>			
275	278		<b>Sandy clay &amp; sand strks</b>			
278	300		<b>Brn sticky clay</b>			

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/yr) **1-11-06** 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) **1-12-06** under the business name of **Tyler Water Well Service, 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.