

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>30</u>	<u>T 32 S</u>	<u>R 37 E/W</u>

Distance and direction from nearest town or city? 1/2 W - 3 1/2 HUGOTON Street address of well if located within city?

2 WATER WELL OWNER: Claude Davis
 RR#, St. Address, Box #: R.R.
 City, State, ZIP Code: HUGOTON Kansas 67951
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 220 ft. Bore Hole Diameter: 10 in. to 220 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot Pastures 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 10 Observation well
 Well's static water level: 125 ft. below land surface measured on 2 month 26 day 80 year
 Pump Test Data: Well water was 125 ft. after 2 hours pumping 7.6 gpm
 Est. Yield 27.0 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 5 in. to 220 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight 2.927 lbs./ft. Wall thickness or gauge No. 258
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) PRC - 40
 2 Brass 4 Galvanized steel 6 Concrete tile 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-Perforation Dia: 5 in. to 190 ft., Dia 5 in. to 220 ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 190 ft. to 220 ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 220 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.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below)
 Direction from well: East 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: Flint + Walling Model No. 5.F15 HP 1/2 Volts 230
 Depth of Pump Intake: 160 ft. Pumps Capacity rated at 7.5 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 Feb month 20 day 80 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 127
 This Water Well Record was completed on 3 month 20 day 80 year under the business name of Slocum well Drilling by (signature) Paul Slocum

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	12	12	22	Sand fine Tan		
	12	22	22	30	Caliche			
	22	30	30	40	" w/ sand			
	30	40	40	60	Sand Tan fine			
	40	60	60	75	Gravel coarse w/ Caliche			
	60	75	75	82	" + Clays Tan			
	75	82	82	182	Silt balls tan w/ gravels			
	82	182	182	220	" " " w/ Caliche rock shelves			
	182	220			Sand + Gravel, coarse			

ELEVATION: _____ ft. _____ ft. _____ ft. _____ 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
32
R
37
E/W
SEC
30
SE 1/4
SE 1/4
SW 1/4