

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stevens	SE 1/4 SW 1/4 SE 1/4	33	T 32 S	R 37 EW

Distance and direction from nearest town or city? **2 North 1/4 West of NE Hugoton** Street address of well if located within city?

2 WATER WELL OWNER: **Mr Bobby Campbell**
 RR#, St. Address, Box #: **R.R.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hugoton, Ka 67951** Application Number:

3 DEPTH OF COMPLETED WELL: **180** ft. Bore Hole Diameter: **10** in. to **180** ft., and ... in. to ... ft.

Well Water to be used as:

<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 3 Feedlot	<input type="radio"/> 5 Public water supply	<input type="radio"/> 8 Air conditioning	<input type="radio"/> 11 Injection well
<input type="radio"/> 2 Irrigation	<input type="radio"/> 4 Industrial	<input type="radio"/> 6 Oil field water supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 12 Other (Specify below)
		<input type="radio"/> 7 Lawn and garden only	<input type="radio"/> 10 Observation well	

Well's static water level: **90** ft. below land surface measured on **10** month **22** day **80** year

Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm

Est. Yield: **20** gpm: Well water was ... ft. after ... hours pumping ... gpm

4 TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought iron	<input type="radio"/> 8 Concrete tile	Casing Joints: <input checked="" type="radio"/> Glued <input type="radio"/> Clamped
<input checked="" type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 9 Other (specify below)	<input type="radio"/> Welded
		<input type="radio"/> 7 Fiberglass		<input type="radio"/> Threaded

Blank casing dia: **5** in. to **160** ft., Dia in. to ... ft., Dia in. to ... ft.

Casing height above land surface: **24** in., weight **2.82.8** lbs./ft. Wall thickness or gauge No

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="radio"/> 1 Steel	<input type="radio"/> 3 Stainless steel	<input type="radio"/> 5 Fiberglass	<input checked="" type="radio"/> 7 PVC	<input type="radio"/> 10 Asbestos-cement
<input type="radio"/> 2 Brass	<input type="radio"/> 4 Galvanized steel	<input type="radio"/> 6 Concrete tile	<input type="radio"/> 8 RMP (SR)	<input type="radio"/> 11 Other (specify)
			<input type="radio"/> 9 ABS	<input type="radio"/> 12 None used (open hole)

Screen or Perforation Openings Are:

<input type="radio"/> 1 Continuous slot	<input type="radio"/> 3 Mill slot	<input type="radio"/> 5 Gauzed wrapped	<input checked="" type="radio"/> 8 Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> 2 Louvered shutter	<input type="radio"/> 4 Key punched	<input type="radio"/> 6 Wire wrapped	<input type="radio"/> 9 Drilled holes	
		<input type="radio"/> 7 Torch cut	<input type="radio"/> 10 Other (specify)	

Screen-Perforation Dia: **5** in. to ... ft., Dia in. to ... ft., Dia in. to ... ft.

Screen-Perforated Intervals: From **140** ft. to **180** ft., From ... ft. to ... ft., From ... ft. to ... ft.

Gravel Pack Intervals: From **10** ft. to **180** ft., From **0-10** ft. to ... 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:

<input checked="" type="radio"/> 1 Septic tank	<input type="radio"/> 4 Cess pool	<input type="radio"/> 7 Sewage lagoon	<input type="radio"/> 10 Fuel storage	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 5 Seepage pit	<input type="radio"/> 8 Feed yard	<input type="radio"/> 11 Fertilizer storage	<input type="radio"/> 15 Oil well/Gas well
<input type="radio"/> 3 Lateral lines	<input type="radio"/> 6 Pit privy	<input type="radio"/> 9 Livestock pens	<input type="radio"/> 12 Insecticide storage	<input type="radio"/> 16 Other (specify below)
			<input type="radio"/> 13 Watertight sewer lines	

Direction from well: **South** 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 ... Model No. ... HP ... Volts

Depth of Pump Intake ... ft. Pumps Capacity rated at ... 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 **10-24** month **24** 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 **11** month **17** 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	15	Sand - fine silt			
	15	23	Caliche - white			
	23	60	Silt balls - Redish			
	60	80	Sand fine w/ silt balls			
	80	100	Sand coarse			
	100	140	Silt balls			
	140	160	Sand coarse			
	160	170	silt balls w/ sand			
	170	180	Sand coarse w/ calcified stringers			

ELEVATION:

Depth(s) Groundwater Encountered 1. ... ft. 2. ... ft. 3. ... ft. 4. ... 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 37 SE 1/4 SW 1/4 SE 1/4