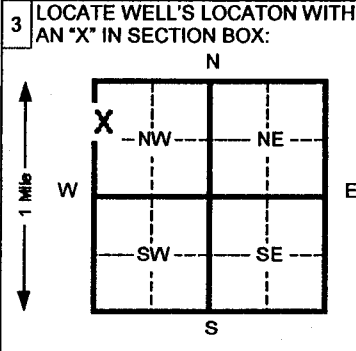


1 LOCATION OF WATER WELL: Fraction **Sw 1/4 NW 1/4 NW 1/4** Section Number **28** Township Number **T 33 S** Range Number **R 31 EW**
 County: **Seward**

Distance and direction from nearest town or city street address of well if located within city?
1 West 3 South of Bucklin

2 WATER WELL OWNER: **John Handy**
 RR#, St. Address, Box # : **RR 1 Box 3** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Kismet, Ks 67859** Application Number: **44073**



4 DEPTH OF COMPLETED WELL **540** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **210** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **210** ft. below land surface measured on **mo/day/yr** **9/01/00**
 Pump test data: Well water was **250** ft. after **3** hours pumping **1100** gpm
 Est. Yield **2000** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **26** in. to **540** 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 **Certa Loc** Threaded _____
 Blank casing diameter **16** in. to **540** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR21**
 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 **240-260** ft. to **280-300** ft. From **320-340** ft. to **360-380** ft.
 From **400-420** ft. to **440-460** ft. From **480-500** ft. to **520-540** ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **540** 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 **0** ft. to **20** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **None known**
 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) _____
 13 Insecticide storage _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11		Top soil & fine sand	377	390	Blue clay & rock ledges
11	32		Caliche	390	415	Fine to med sand, blue clay mix
32	82		Brown & white sandy clay	415	444	Med sand, some clay
82	98		Sandy clay	444	525	Fine to med sand, some clay
98	173		Med. Sand & sm. Gravel	525	535	Sandy clay
173	180		Sandy clay & some sand	535	541	Med to fine sand
180	196		Fine to med sand	541	558	Red clay & redbed
196	214		Sandy clay & 7ft med sand			
214	242		Med to coarse sand, loose			
242	246		Brown clay			
246	337		Fine to med sand; some cl strks			
337	377		Brown & white clay & rk ledges			

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) **9/10/00** 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) **9-20-00**
 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.