

1 LOCATION OF WATER WELL: County: Stevens		Fraction <div style="text-align:center;">SW $\frac{1}{4}$</div>	NW $\frac{1}{4}$	Section Number <div style="text-align:center;">21</div>	Township Number <div style="text-align:center;">T 33 S</div>	Range Number <div style="text-align:center;">R 38 EW</div>
Distance and direction from nearest town or city street address of well if located within city? <div style="font-size: small; color: blue;">From Hugoton - 6 mile West - 1/2 mile South</div>						
2 WATER WELL OWNER: Keith Farnor						
RR#, St. Address, Box # HCOI					Board of Agriculture, Division of Water Resources	
City, State, ZIP Code Hugoton, KS 67951					Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 430 ft. ELEVATION:				
<div style="text-align: center;"><div style="position: relative; width: 150px; height: 150px; margin: auto;"><div style="position: absolute; top: -20px; left: 50%;">N</div><div style="position: absolute; bottom: -20px; left: 50%;">S</div><div style="position: absolute; right: -20px; top: 50%;">E</div><div style="position: absolute; left: -20px; top: 50%;">W</div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold;">NW NE SW SE</div></div></div>		Depth(s) Groundwater Encountered _____ ft.				
		WELL'S STATIC WATER LEVEL 215 ft. below land surface measured on mo/day/yr				
		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 _____ 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 If yes, mo/day/yr sample was submitted				
		Water Well Disinfected? Yes No				
5 TYPE OF BLANK CASING USED:						
Blank casing diameter 14 in. to _____ ft., Dia _____ in. weight _____ lbs./ft. Wall thickness or gauge No.						
Casing height above land surface _____ in.						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
SCREEN OR PERFORATION OPENINGS ARE:						
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
Direction from well?						
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS						
430 185 Gravel Fill						
185 125 Bentonite Plug						
125 17 Fill						
17 5 Cement Plug						
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) 9-27-06 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) 9-28-06 by signature Tyler Water Well Serv						
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.						