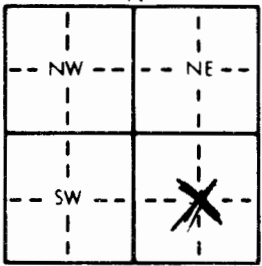


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u> <u>095</u>		<u>C/SE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>3</u>	<u>T</u> <u>33</u> <u>S</u>	<u>R</u> <u>38W</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
4 WEST ON RD. $1\frac{1}{2}$ NORTH, WEST INTO LOC.					
2 WATER WELL OWNER: <u>GABBERT-JONES, INC.</u>		#1 GUYER "C"			
RR#, St. Address, Box #: <u>333 E. ENGLISH, #215</u>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>WICHITA, KS 67202</u>		Application Number: <u>940340</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>360</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered <u>1</u> <u>170</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.			
		WELL'S STATIC WATER LEVEL <u>170</u> ft. below land surface measured on mo/day/yr <u>7-9-94</u>			
		Pump test data: Well water was <u>190</u> ft. after <u>1</u> hours pumping <u>100</u> gpm			
		Est. Yield <u>100</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9 1/2</u> in. to <u>360</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well			
		<u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below)			
		<u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped _____			
<u>1</u> Steel <u>3</u> RMP (SR)		<u>Welded</u> _____			
<u>2</u> PVC <u>4</u> ABS		<u>Threaded</u> _____			
Blank casing diameter <u>5</u> in. to <u>360</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in. weight <u>2.902</u> lbs./ft. Wall thickness or gauge No. <u>.265</u> SDR <u>21</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7</u> PVC <u>10</u> Asbestos-cement			
<u>1</u> Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>8</u> RMP (SR) <u>11</u> Other (specify) _____					
<u>2</u> Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>9</u> ABS <u>12</u> None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		<u>8</u> Saw cut <u>11</u> None (open hole)			
<u>1</u> Continuous slot <u>3</u> Mill slot <u>6</u> Wire wrapped <u>9</u> Drilled holes					
<u>2</u> Louvered shutter <u>4</u> Key punched <u>7</u> Torch cut <u>10</u> Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>320</u> ft. to <u>360</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>220</u> ft. to <u>360</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1</u> Heat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other _____		HOLE PLUG _____			
Grout Intervals: From <u>1</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		<u>10</u> Livestock pens <u>14</u> Abandoned water well			
<u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>11</u> Fuel storage <u>15</u> Oil well/Gas well					
<u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>12</u> Fertilizer storage <u>16</u> Other (specify below) _____					
<u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>13</u> Insecticide storage					
Direction from well? <u>West</u>		How many feet? <u>150</u>			
FROM TO LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS	
0	4	273	280	TAN CLAY	
4	34	280	290	PINK & TAN CLAY	
34	62	290	296	SAND	
62	73	296	320	PINK & TAN CLAY	
73	85	320	360	RED CLAY & SAND STREAKS	
85	93				
93	135				
135	141				
141	150				
150	155				
155	175				
175	235				
235	247				
247	256				
256	273				
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/year) <u>7-9-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>KWWCL-430</u> This Water Well Record was completed on (mo/day/yr) <u>7-9-94</u> under the business name of <u>HOWARD DRLG.CO.BOX 806 BEAVER,OK 73932</u> by (signature) <u>Howard Drlg.</u>					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					