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|--|----|---|--|------------------------|---------------------|--------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number | |
| County: <u>Stevens</u> | | <u>SW 1/4 SW 1/4 SW 1/4</u> | <u>23</u> | <u>T 33 S</u> | <u>R 38 E/W</u> | |
| Distance and direction from nearest town or city street address of well if located within city? <u>From Hugoton 4 mile west on Hwy 56 - 3/4 mile south on Road 8</u> | | | | | | |
| 2 WATER WELL OWNER: <u>Gilbert Coulter</u> | | | | | | |
| RR#, St. Address, Box # : <u>MC-01</u> | | | Board of Agriculture, Division of Water Resources | | | |
| City, State, ZIP Code : <u>Hugoton, Kansas</u> | | | Application Number: | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL <u>240</u> ft. ELEVATION: | | | | |
| <p>Diagram of a section box divided into four quadrants: NW, NE, SW, and SE. An 'X' is marked in the SW quadrant.</p> | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | |
| | | WELL'S STATIC WATER LEVEL <u>200</u> 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: <u>(1) Domestic</u> 3 Feed lot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden (domestic) 10 Monitoring well | | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ | | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued _____ Clamped _____ | | | | |
| <u>(1) Steel</u> 3 RMP (SR) | | 5 Wrought Iron 8 Concrete tile | | Welded _____ | | |
| 2 PVC 4 ABS | | 6 Asbestos-Cement 9 Other (specify below) | | Threaded _____ | | |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | |
| Casing height above land surface _____ in., weight _____ lbs./ft. | | Wall thickness or gauge No. _____ | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 12 None used (open hole) | | | | |
| 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 | | | | | | |
| SCREEN-PERFORATED INTERVALS: | | 10 Other (specify) _____ | | | | |
| From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | | | | |
| GRAVEL PACK INTERVALS: | | From _____ ft. to _____ ft. | | | | |
| From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. | | | | |
| 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: | | | | | | |
| 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) _____ | | | | | | |
| Direction from well? | | How many feet? | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| | | | | 240 | 180 | Gravel |
| | | | | 180 | 165 | Bentonite Plug |
| | | | | 165 | 13 | Fill |
| | | | | 13 | 3 | Cement Plug |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and as | | | | | | |
| Completed on (mo/day/yr) <u>12-9-04</u> | | | and this record is true to the best of my knowledge and belief. Kansas | | | |
| Water Well Contractor's License No. <u>473</u> | | | This Water Well Record was completed on (mo/day/yr) <u>12-10-04</u> | | | |
| The business name of <u>Tyler Water Well Serv</u> | | | by (signature) <u>Daryl J. [Signature]</u> | | | |
| 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. | | | | | | |

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