

1 LOCATION OF WATER WELL: County: Clark	Fraction NW ¼ NE ¼ SE ¼	Section Number 11	Township Number T 34 S	Range Number R 22 E 10
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Distance and direction from nearest town or city street address of well if located within city?
S 5 + 12 W from Sitka

2 WATER WELL OWNER: **Terry Eubanks**

RR#, St. Address, Box # :
 City, State, ZIP Code : **Ashtland, KS 67831**

Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
S	

4 DEPTH OF COMPLETED WELL **60** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **13** ft. below land surface measured on mo/day/yr **10-3-04**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

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

WELL WATER TO BE USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil field water supply	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Injection well
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Industrial	<input type="checkbox"/> Domestic (lawn & garden)	<input type="checkbox"/> Dewatering	<input type="checkbox"/> 12 Other (Specify below)

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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		<input type="checkbox"/> 7 Fiberglass		Threaded _____

Casing height above land surface **18** in., weight _____ lbs./ft. Wall thickness or gauge No. **200+**

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

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

SCREEN-PERFORATED INTERVALS: From **20** ft. to **60** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **60** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____

Grout Intervals: From **4** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	18	Sand			
18	20	brown clay			
20	31	coarse sand			
31	55	gravel & red clay			
55	60	sand rock			

RECEIVED
 NOV 05 2004
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10-6-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. **101**. This Water Well Record was completed on (mo/day/yr) **10-4-04** under the business name of **Bartel Well Drilling Inc.** by (signature) *Ruler J. Bartel*