

1 LOCATION OF WATER WELL.		Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u>		<u>NW 1/4 SW 1/4 SW 1/4</u>	<u>7</u>	<u>T 34 S</u>	<u>R 35 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>From Hugoton - East on Hwy 51 2 mile - South on Rd 20 4 mile - East on Rd 5 2 mile South 1/2</u>					
2 WATER WELL OWNER		Board of Agriculture, Division of Water Resources			
RR# St. Address, Box #		Application Number:			
City, State, ZIP Code		<u>Hugoton, KS 67951</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL			
		409 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.			
		WELL'S STATIC WATER LEVEL <u>232</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:			
		1 Domestic 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)			
		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:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter <u>16</u> in. to _____ ft. Dia _____ 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 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
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 7 Torch cut 10 Other (specify) _____					
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. 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) _____ 13 Insecticide storage					
Direction from well? <u>South 2</u> How many feet? <u>200'</u>					
FROM		TO		CODE	
				LITHOLOGIC LOG	
				FROM TO PLUGGING INTERVALS	
				409 180 Gravel	
				180 170 Bentonite Plug	
				170 14 Compacted fill	
				14 4 Cement Plug	
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/yr) <u>11-24-06</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>11-25-06</u>					
under the business name of <u>Tyler Water Well Serv</u> by (signature) <u>Paul Tyler</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.					