

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <u>Stevens</u>		<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>2</u>	T <u>34</u> S	R <u>37</u> E	
Distance and direction from nearest town or city street address of well if located within city? <u>From County Roads 14 & 16 - 2/3 mile east</u>						
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resource				
RR#, St. Address, Box #		Application Number:				
City, State, ZIP Code		<u>Hugoton, KS 67957</u>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>570</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>280</u> ft. below land surface measured on mo/day/yr <u>1-20-22</u>				
		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 <u>Irrigation</u>		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)	
3 Lawn and garden (domestic)		7	10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____						
5 TYPE OF BLANK CASING USED:						
1 <u>Steel</u> 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 7 PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. 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) <u>N/A</u>						
13 Insecticide storage						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
				<u>570</u>	<u>200</u>	<u>Gravel Fill</u>
				<u>200</u>	<u>192</u>	<u>Bentonite Plug</u>
				<u>192</u>	<u>15</u>	<u>Compact Fill</u>
				<u>15</u>	<u>5</u>	<u>Cement Plug</u>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was: (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was _____						
completed on (mo/day/yr) <u>1-26-2002</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>1-26-2002</u>						
under the business name of <u>Tyler Water Well Serv</u> by (signature) <u>Richard Hoffner</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.						