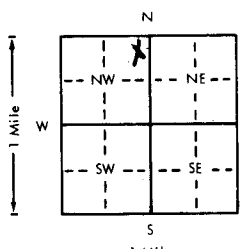


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Stevens</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>6</u>	<u>T 34 S</u>	<u>R 37 E</u>		
Distance and direction from nearest town or city? <u>2 mi. W. - 3 mi. South - Hugoton, Ks.</u>			Street address of well if located within city?				
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number:				
<u>Box 969</u> <u>Hugoton, Kansas 67951</u>							
3 DEPTH OF COMPLETED WELL: <u>255</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>255</u> ft., and in. to ft.							
Well Water to be used as: <u>XX</u> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well							
Well's static water level: <u>140</u> ft. below land surface measured on month day year							
Pump Test Data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm							
4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued <u>XX</u> Clamped <u>XX</u> 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded							
Blank casing dia <u>5</u> in. to <u>2.15</u> ft., Dia in. to ft., Dia in. to ft.							
Casing height above land surface: <u>12-24</u> in., weight <u>200</u> PSI lbs./ft. Wall thickness or gauge No. <u>.262</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL: <u>XX</u> PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)							
Screen or Perforation Openings Are: 1 Continuous slot <u>XX</u> 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-Perforation Dia <u>5</u> in. to <u>255</u> ft., Dia in. to ft., Dia in. to ft.							
Screen-Perforated Intervals: From <u>215</u> ft. to <u>255</u> ft., From ft. to ft., From ft. to ft.							
Gravel Pack Intervals: From <u>155</u> ft. to <u>255</u> ft., From ft. to ft., From ft. to ft.							
5 GROUT MATERIAL: <u>XX</u> Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination: <u>XX</u> 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines							
Direction from well <u>NW</u> How many feet <u>330</u> Water Well Disinfected? Yes <u>XX</u> No							
Was a chemical/bacteriological sample submitted to Department? Yes No <u>XX</u> If yes, date sample was submitted month day year Pump Installed? Yes <u>XX</u> No							
If Yes: Pump Manufacturer's name Model No. <u>Used</u> HP Volts							
Depth of Pump Intake ft. Pumps Capacity rated at gal./min.							
Type of pump: <u>XX</u> 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>4</u> month <u>20</u> day <u>81</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>160</u>							
This Water Well Record was completed on <u>6</u> month <u>18</u> day <u>81</u> year under the business name of <u>JIM SMITH PUMP SERVICE</u> by (signature) <u>Betty Pearce BK</u> <u>Betty Pearce</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	80	Sand			
		80	160	Clay mix w/ sand			
		160	255	Sand-Med. -fine			
ELEVATION:							
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)							

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

34

R

37

E

SEC.

6

NE 1/4 NE 1/4 NW 1/4