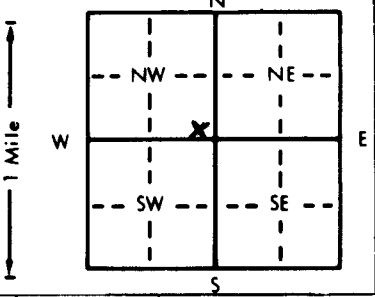


1 LOCATION OF WATER WELL: County: <u>Barber</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>17</u>	Township Number <u>T 35 S</u>	Range Number <u>R 13 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?
5 mi West, 1 mi south, 1/2 mi. west of Hardtree

2 WATER WELL OWNER: <u>Albert Bouziden</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>805 Apache Dr.</u>	Application Number:
City, State, ZIP Code: <u>Alva Okla. 73717</u>	

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



4 DEPTH OF COMPLETED WELL: <u>11.7</u> ft. ELEVATION:	
Depth(s) Groundwater Encountered 1. <u>85</u> ft. 2. _____ ft. 3. _____ ft.	
WELL'S STATIC WATER LEVEL <u>50</u> ft. below land surface measured on mo/day/yr <u>4-26-90</u>	
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield <u>7</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	
Bore Hole Diameter: <u>8 1/2</u> in. to <u>11.7</u> ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial
<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 6 Oil field water supply
<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 10 Monitoring well
<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 12 Other (Specify below) <u>None</u>
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 _____ No <input checked="" type="checkbox"/>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>5</u> in. to <u>8 1/2</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____			

TYPE OF SCREEN OR PERFORATION MATERIAL:			<input checked="" type="checkbox"/> 7 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:			5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes		
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____		

SCREEN-PERFORATED INTERVALS:			From <u>80</u> ft. to <u>100</u> ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			From <u>10</u> ft. to <u>11.7</u> ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	

What is the nearest source of possible contamination:			10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	<input checked="" type="checkbox"/> 15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well? <u>South</u>	How many feet? <u>1/4 mile</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>10</u>	<u>Loam Topsoil</u>			
<u>10</u>	<u>11.7</u>	<u>Red Brown Clay & layers of Blue Shale</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>4-26-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>141</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Leh & Son Water Well Drlg.</u> by (signature) <u>Carl Lill</u>

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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.