

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u>	<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>7</u>	T <u>35</u> S	R <u>36</u> EW

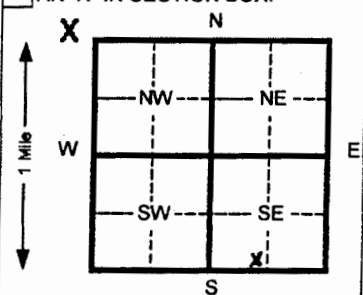
Distance and direction from nearest town or city street address of well if located within city?

From Hugoton on Road 12 - 11 miles South - 4 1/2 East on Road B2 WATER WELL OWNER: Loren ZableRR#, St. Address, Box #: 14085 MonroeCity, State, ZIP Code: Hugoton, KS 67951

Board of Agriculture, Division of Water Resources

Application Number:

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



4 DEPTH OF COMPLETED WELL

165 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL Dry 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: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes ☒ No

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 4 ABS

Blank casing diameter 4 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

2 Brass 4 Galvanized steel

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

SCREEN-PERFORATED INTERVALS:

From _____ ft. to _____ ft. 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. 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.

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)

Direction from well?

How many feet?

FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

165 13 Fill13 3 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) 12-10-04 and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. 473 This Water Well Record was completed on (mo/day/yr) 12-11-04under the business name of Tyler Water Well Serv by (signature) Paul J. L.

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.

OFFICE USE ONLY

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