

1 LOCATION OF WATER WELL: County: Phillips	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 4	Township Number T 3 S	Range Number R 20 E/W
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Distance and direction from nearest town or city street address of well if located within city?
10 miles north of Logan, Kansas

2 WATER WELL OWNER: **Jim Kats**
 RR#, St. Address, Box # : **1233 W 1300 Rd**
 City, State, ZIP Code : **Prairie View, KS 67664**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N			
---	NW	---	NE
---		X	
---	SW	---	SE

W			E
			S

4 DEPTH OF COMPLETED WELL **70** ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered **1 45** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **50** ft. below land surface measured on mo/day/yr **10/18/04**

Pump test data: Well water was **50** ft. after **2** hours pumping **15** gpm

Est. Yield **15** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS: **1 5** Public water supply **8** Air conditioning **11** Injection well
1 Domestic **3** Feedlot **6** Oil field water supply **9** Dewatering **12** Other (Specify below)
2 Irrigation **4** Industrial **7** Domestic (lawn & garden) **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: **2** 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
1 Steel **3** RMP (SR) **6** Asbestos-Cement **9** Other (specify below) Welded _____
2 PVC **4** ABS **7** Fiberglass Threaded _____

Blank casing diameter **5** in. to **50** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight **2.91** lbs./ft. Wall thickness or gauge No. **.21**

TYPE OF SCREEN OR PERFORATION MATERIAL: **7** **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: **8** 5 Gauzed wrapped **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) _____ ft.

SCREEN-PERFORATED INTERVALS: From **50** ft. to **70** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **70** ft. to **20** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: **3** 1 Neat cement 2 Cement grout **3** Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **20** 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Topsoil and clay			
15	30	Sand and clay			
30	45	Sand and clay			
45	57	Sand			
57	70	Limestone			
RECEIVED					
NOV 22 2004					
BUREAU OF WATER					

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/year) **10/25/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **199** This Water Well Record was completed on (mo/day/yr) **11/18/04** under the business name of **Karst Water Well Drilling & Service, Inc.** by (signature) *Jim Kats*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.