

Big Bend Groundwater Management District No. 5

125 South Main St. P.O. Box 7
Stafford, Kansas 67578

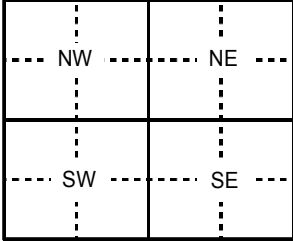
DISTRICT PERMIT NUMBER		
Section	Township	Range

Well Location:
County _____ 1/4 _____ 1/4 _____ 1/4

APPLICANT:
Contact Person: _____
Name: _____
Address: _____
City/State/Zip Code: _____
Telephone No. _____
Fax No. _____

CONTRACTOR/DRILLER: License No. _____
Contact Person: _____
Name: _____
Address: _____
City/State/Zip Code: _____
Telephone No. _____
Fax No. _____

Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) YES NO (circle one)
If "NO", What interval? _____
Drillers Log attached? YES NO (circle one)
Geophysical/Electrical logs completed: YES NO (circle one)
Geophysical/Electrical logs attached: YES NO (circle one)



Bore hole completion: Cased / Uncased
Diameter _____
Casing material _____
Outside diameter of surface casing: _____
Minimum wall thickness _____
SDR _____
Casing interval _____
Centralizer locations: _____ feet bls
Grout material _____
Grout intervals _____ to _____ feet bls
Anode conductor (backfill) material: _____
Anode conductor interval: _____ to _____ feet bls
Anode interval _____ feet bls

Drilling pit construction: (Mark Yes or No)

A. Hydraulic conductivity of bottom and side less than 1×10^{-7} cm.sec: _____
B. Above Ground: _____
C. Portable: _____

Number of copies of well completion form submitted to GMD #5: _____
Number of copies of geophysical/electrical logs submitted to GMD #5: _____
Number of copies of Completion (as built plan) form submitted to GMD #5: _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG

Date Submitted: _____

