

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Anderson		NE ¼ SE ¼ NE ¼	25	T 20 S	R 19 E
Distance and direction from nearest town or city street address of well if located within city? 101 N. Maple, Garnett, Kansas					
2 WATER WELL OWNER: Dan Dietz		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : 21691 SW Highway 169		Application Number:			
City, State, ZIP Code : Garnett, Kansas 66032					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 7.5 ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1 6.0 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 2.79 ft. below land surface measured on mo/day/yr 03/03/05			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8.5 in. to 7.5 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) <input checked="" type="radio"/> Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) <input checked="" type="radio"/> PVC 4 ABS		5 Wrought Iron 8 Concrete tile Welded _____ 6 Asbestos-Cement 9 Other (specify below) Threaded <input checked="" type="checkbox"/>			
Blank casing diameter 2.375 in. to 2.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="radio"/> 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 8 Saw cut 11 None (open hole) 1 Continuous slot <input checked="" type="radio"/> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From 7.5 ft. to 2.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From 7.5 ft. to 2.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		1 Neat cement <input checked="" type="radio"/> Cement grout <input checked="" type="radio"/> Bentonite 4 Other _____ Grout Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 2.0 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 <input checked="" type="radio"/> Fuel storage 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? Southwest		How many feet? 5			
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	1.0		Concrete, sand		
1.0	5.0		Dark gray silty clay, slightly gravelly, oxides, friable, moist		
5.0	6.0		Olive gray-brown silty clay, very gravelly, oxides, limestone fragments, very firm, moist, strong odor		
6.0	7.0		Brown silty clay, gravelly, oxides, limestone fragments, very firm, very moist-wet, strong odor		
7.0	7.5		Limestone, fractured, hard		
Flush-mount well completion approved by Don Taylor, KDHE, BOW					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 02/14/05 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 692		This Water Well Record was completed on (mo/day/yr) 04/04/05			
under the business name of Quad State Services, Inc.		by (signature) _____			

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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.