

1 LOCATION OF WATER WELL:	Fraction SE ¼ SW ¼ NW ¼	Section Number 32	Township Number T 25S S	Range Number R 1E EW		
County: SEDGWICK						
Distance and direction from nearest town or city street address of well if located within city? 316 FIDDLERS CREEK; VALLEY CENTER						
2 WATER WELL OWNER: STEVE CLAUSEN						
RR#, St. Address, Box # : 316 FIDDLERS CREEK			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : VALLEY CENTER, KS			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:						
					4 DEPTH OF COMPLETED WELL 100 ft. ELEVATION: _____	
Depth(s) Groundwater Encountered 1 32 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr 7/11/04 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 10 in. to 100 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 <u>Lawn and garden (domestic)</u> 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:						
1 <u>Steel</u> 3 RMP (SR) 2 <u>PVC</u> 4 ABS		5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued X Clamped _____ Welded _____ Threaded _____		
Blank casing diameter 5 in. to 100 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel		5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS		7 <u>PVC</u> 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 <u>Mill slot</u> 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From 60 ft. to 100 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 24 ft. to 100 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other						
Grout Intervals From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank 4 Lateral lines 2 <u>Sewer lines</u> 5 Cess pool 3 <u>Watertight sewer lines</u> 6 Seepage pit		7 Pit privy 10 Livestock pens 8 Sewage lagoon 11 Fuel storage 9 Feedyard 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) _____				
Direction from well? WEST			How many feet? 25			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	42		TAN CLAY			
42	81		GRAY SHALE			
81	87		WHITE LIMESTONE			
87	100		BLUE SHALE			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (<u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u>) plugged under my jurisdiction and was completed on (mo/day/yr) 7/11/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 7/27/04 under the business name of CHASE DRILLING by (signature) <i>R. Clausen</i>						
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.						

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