

Boring 321

LOCATION OF WELL: County: <b>Sedgwick</b>		Fraction: <b>SW 1/4 NE 1/4 SW 1/4</b>	Section Number: <b>26</b>	Township Number: <b>T 25 S</b>	Range Number: <b>R 02 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Approx. 3 miles SE of Furley, Kansas</b>					
WATER WELL OWNER: <b>NIES</b> RR#, St. Address, Box #: <b>8808 North, 12th Street East</b> City, State, ZIP Code: <b>Valley Center, Kansas 67147</b>			Board of Agriculture, Division of Water Resources Application Number: <b>1317.9</b>		
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>52.0</b> ft. ELEVATION: <b>1317.9</b>			
		Depth(s) Groundwater Encountered 1. <b>51</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>34.9</b> ft. below land surface measured on mo/day/yr <b>10/05/84</b>			
		<b>NA</b> 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 <b>B</b> in. to <b>29.7</b> ft., and <b>3 1/8</b> in. to <b>52.0</b> ft.			
		WELL <del>WATER TO BE USED AS:</del> 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering <b>12 Other (Specify below)</b> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well <b>Test Hole</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel <input checked="" type="radio"/> 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) _____ Welded _____ Threaded <input checked="" type="checkbox"/>			
Blank casing diameter <b>4</b> in. to <b>29.7</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <b>0.0</b> in., weight <b>2</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL: <b>NA</b>		7 PVC 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)			
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile		8 RMP (SR) 9 ABS 8 Saw cut 11 None (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: <b>NA</b>		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 10 Other (specify) _____			
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.			
GROUT MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____		GROUT INTERVALS: From <b>52.0</b> ft. to <b>0.0</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination: <b>Disp. Cell No. 1A</b>		10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <b>Haz. Waste Facility</b> How many feet? <b>Approx. 140</b>			
Direction from well? <b>Southwest</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>0.0 feet</b>	<b>32 feet</b>	<b>Brown, plastic to highly plastic CLAY to weathered CLAY-SHALE with trace to some calcium carbonate nodules</b>			
<b>32 feet</b>	<b>52.0 feet</b>	<b>BEDROCK - gray SHALE with trace small, white GYPSUM fragments</b>			

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) **10/08/84** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **416** This Water Well Record was completed on (mo/day/yr) **10-08** under the business name of **Terracon Consultants, Inc.** by (signature) *[Signature]*

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.