

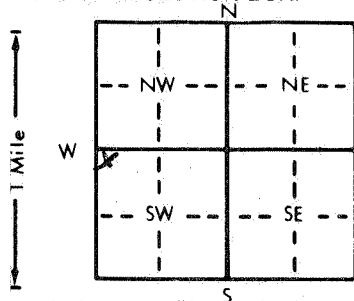
LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>SEDGWICK</b>	<b>NW 1/4 NW 1/4 SW 1/4</b>	<b>26</b>	T <b>25</b> S	R <b>2</b> EW

Distance and direction from nearest town or city street address of well if located within city?

**3 miles S.E. of Furley, Ks.**

WATER WELL OWNER: <b>NIES</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>8308 N. 127th EAST</b>	Application Number:
City, State, ZIP Code: <b>VALLEY, CENTER, KANSAS 67147</b>	

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	DEPTH OF COMPLETED WELL: <b>65.7</b> ft. ELEVATION: <b>1389.6</b>
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Depth(s) Groundwater Encountered: <b>1. 51.9</b> ft. <b>2.</b> ft. <b>8.</b> ft.	WELL'S STATIC WATER LEVEL: <b>51.9</b> ft. below land surface measured on mo/day/yr: <b>4/9/82</b>
NA 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>14</b> in. to <b>49.6</b> ft. and <b>7 7/8</b> in. to <b>65.7</b> ft.	WELL WATER TO BE USED AS:
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
5 Public water supply	6 Oil field water supply
7 Lawn and garden only	8 Air conditioning
9 Dewatering	10 Observation well
11 Injection well	12 Other (Specify below)
<b>MONITORING WELL</b>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted <b>3/23/82</b> <b>4/9/82</b>	
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>	

TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 <b>PVC</b>	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter: <b>10</b> in. to <b>49.6</b> ft. Dia. <b>4</b> in. to <b>58.2</b> ft. Dia. _____ in. to _____ ft.			Threaded: <input checked="" type="checkbox"/>

Casing height above land surface: <b>1.9 ft.</b> weight <b>10 IN = 8; 4 IN = 2</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>
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TYPE OF SCREEN OR PERFORATION MATERIAL:	7 <b>PVC</b>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile
8 RMP (SR)	11 Other (specify)	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 <b>Mill slot</b>	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)

SCREEN-PERFORATED INTERVALS:	From <b>58.2</b> ft. to <b>62.3</b> ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From <b>53.6</b> ft. to <b>65.7</b> ft.	From _____ ft. to _____ ft.

GROUT MATERIAL:	1 <b>Neat cement</b>	2 Cement grout	3 <b>Bentonite</b>	4 Other
Grout Intervals: From <b>0.0</b> ft. to <b>53.6</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

What is the nearest source of possible contamination: <b>EVAPORATION POND E1</b>	10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard
11 Fuel storage	15 Oil well/Gas well	12 Fertilizer storage
13 Insecticide storage	16 <b>Other</b> (specify below)	
<b>HAZ. WASTE FACILITY</b>		

Direction from well? <b>SE</b>	How many feet? <b>APPROX. 200</b>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>0.0</b>	<b>~58</b>	<b>BROWN, PLASTIC TO HIGHLY PLASTIC CLAY, TO WEATHERED CLAY-SHALE, WITH TRACE TO SOME CALCIUM CARBONATE NODULES</b>			
<b>~58</b>	<b>65.7</b>	<b>BEDROCK INTERBEDDED GYPSUM AND GRAY SHALE</b>			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <b>constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3/12/82</b> and this record is true to the best of my knowledge and belief. Kansas
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Water Well Contractor's License No. <b>361</b>	This Water Well Record was completed on (mo/day/yr) <b>5/18/82</b>
under the business name of <b>COX-BESWICK IRRIGATION SERVICE, INC.</b>	by (signature) <b>Francis Cox</b>

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.