

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>1/4</u> <u>1/4</u> <u>1/4</u>	<u>7</u>	T <u>26</u> S	R <u>1</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1311 Evanston Valley Center Ks 67147</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Robert Brown R#1 Bx 26</u> City, State, ZIP Code : <u>TOWANDA Ks 67144</u> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr <u>6-4-90</u>			
		Pump test data: Well water was <u>21</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm			
		Est. Yield <u>40</u> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <u>11</u> in. to <u>48</u> ft. and in. to ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well			
		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 <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel <input checked="" type="checkbox"/> 3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped 2 PVC <input type="checkbox"/> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded Blank casing diameter <u>5</u> in. to <u>38</u> ft. Dia. in. to ft. Dia. in. to ft. Casing height above land surface <u>12</u> in. weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>SDR-26</u> TYPE OF SCREEN OR PERFORATION MATERIAL:    7 PVC    10 Asbestos-cement 1 Steel    3 Stainless steel    5 Fiberglass <input checked="" type="checkbox"/> 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:					
1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole) 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes SCREEN-PERFORATED INTERVALS: From <u>38</u> ft. to <u>48</u> ft. From ft. to ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>48</u> ft. From ft. to ft.					
6 GROUT MATERIAL:    1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout    3 Bentonite    4 Other					
Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From ft. to ft. From ft. to ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well <input type="checkbox"/> 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) Direction from well? <u>South</u> 13 Insecticide storage    How many feet? <u>80</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil			
2	19	clay			
19	31	fine sand			
31	32	clay			
32	48	gravel			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-4-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1318</u> This Water Well Record was completed on (mo/day/yr) <u>7-2-90</u> under the business name of <u>Weninger Drilling</u> by (signature) <u>[Signature]</u>					
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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4