

1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number																																																						
County: <u>SEDGWICK</u>		<u>SE</u> NW ¼ SE ¼ SE ¼	<u>11</u>		<u>T</u> <u>26</u> <u>S</u>	<u>R</u> <u>1</u> <u>E</u> <u>E/W</u>																																																						
Distance and direction from nearest town or city?			Street address of well if located within city? <u>230 Comanche Kechi, Ks.</u>																																																									
2 WATER WELL OWNER: <u>Gene Washington</u> RR#, St. Address, Box #: <u>230 Comanche</u> City, State, ZIP Code: <u>Kechi, Ks.</u> Board of Agriculture, Division of Water Resources Application Number:																																																												
3 DEPTH OF COMPLETED WELL <u>75</u> ft. Bore Hole Diameter <u>1 1/4</u> in. to _____ ft., and _____ in. to _____ ft. Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well Well's static water level <u>17</u> ft. below land surface measured on _____ month <u>5</u> day <u>80</u> year Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																												
4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued ☒ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing dia <u>5</u> in. to <u>17</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>200</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole) Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut <u>.06</u> 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____ Screen-Perforation Dia <u>5</u> in. to <u>75</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Screen-Perforated Intervals: From <u>17</u> ft. to <u>75</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Gravel Pack Intervals: From <u>14</u> ft. to <u>75</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																												
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grouted Intervals: From <u>40"</u> to <u>14</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines Direction from well <u>South</u> How many feet <u>53</u> ? Water Well Disinfected? Yes ☒ No _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No ☒ If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____ Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____																																																												
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Harp Well & Pump</u> by (signature) <u>M. Arnold</u>																																																												
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 1 Mile <table border="1" style="border-collapse: collapse; text-align: center;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>15</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>15</td><td>21</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>21</td><td>75</td><td>Grey Shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> ELEVATION: _____ Depth(s) Groundwater Encountered <u>1</u> <u>16</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft. <u>4</u> _____ ft. (Use a second sheet if needed)							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	2	Topsoil				2	15	Clay				15	21	Fine Sand				21	75	Grey Shale																											
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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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																												

OFFICE USE ONLY
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26
R
1
DW
SEC.
11
NW 1/4 SE 1/4 SE 1/4