

1

LOCATION OF WATER WELL:

County: **Sedgwick**

Fraction **NE ¼ NW ¼ NW ¼**

Section Number **03**

Township Number **T 27 S**

Range Number **R 01 E**

Distance and direction from nearest town or city street address of well if located within city?
North of Minnesota, near Hydraulic

2

WATER WELL OWNER:

Union Pacific Railroad
1416 Dodge Street, Room 930
Omaha, NE 68179

Board of Agriculture, Division of Water Resources
Application Number:

3

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

1 Mile

W

E

S

X

NW

NE

SW

SE

4

DEPTH OF COMPLETED WELL

30 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr

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 **30** 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 Lawn and garden (domestic) 10 Monitoring well **Remediation**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No **X**

5

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** **Flush**

Blank casing diameter **6** in. to **9.7** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **Flushmout** in., weight **3.45** lbs./ft. Wall thickness or gauge No. **Sch 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 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 **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

7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **9.7** ft. to **29.7** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **8.7** ft. to **30** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6

GROUT MATERIAL:

1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____

Grout intervals From **3.0** ft. to **8.7** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____

13 Insecticide storage _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4		Clay, stiff, med to high plasticity			
4	7		Clay, silty, firm to soft, med to high plasticity			
7	8		Clay, slightly silty, firm to stiff, med to low plasticity			
8	10		Clay, lightly silty, firm to stiff, med to high plasticity			
10	14.5		Clay, silty, calcareous clasts, fine sand			
14.5	16		Clay, very silty, soft			
16	19		Clay, silty, sandy			
19	21.5		Clay, slightly silty, firm			
21.5	26.5		Clay, silty, sandy			
26.5	30		Shale, olive, mottled, weathered			

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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/yr) **12-05-05** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **3-21-06**

under the business name of **Geotechnical Services, Inc.** by (signature) _____

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.