

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		SE 1/4 SE 1/4 SE 1/4		20#		T 27 S		R 01E EW	
Distance and direction from nearest town or city street address of well if located within city? NW corner of Dewey and Broadway									
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # Bldg 740 City, State, ZIP Code : Topeka, Kansas									
MW2S 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 22.025 ft. ELEVATION: 1297.77 at meas. pt.							
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.							
		WELL'S STATIC WATER LEVEL 15.575 ft. below land surface measured on mo/day/yr 4/27/90							
		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 .... 8 .... in. to .... 23.5 .... ft. and .... in. to .... ft.							
WELL WATER TO BE USED AS:									
5 Public water supply      8 Air conditioning      11 Injection well 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted VOC Analysis-4/30/90									
Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
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 <input checked="" type="checkbox"/>									
Blank casing diameter 2 in. to 17.025 ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.									
Casing height above land surface 0.6 Ft. weight .... lbs./ft. Wall thickness or gauge No. Schedule 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel      3 Stainless steel      5 Fiberglass      7 PVC      10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) ..... 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot      3 Mill slot 0.010      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 17.025 ft. to 22.025 ft., From .... ft. to .... ft.									
GRAVEL PACK INTERVALS: From 13.6 ft. to 22.025 ft., From .... ft. to .... ft.									
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other									
Grout Intervals: From 11.7 ft. to 13.6 ft., From 0 ft. to 11.7 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) Direction from well? South      13 Insecticide storage      Voc's have been detected in the groundwater-Industrial Area.									
How many feet?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 2 olive-grey sdy clay loan (vf to f grained)									
2 4 dk brn-grey silty clay loam									
4 12 dk to med grey-brn sdy silt (vf grained)									
12 18 med brn-grey silty sd (f to med grained), trace gravel									
18 23.5 med brn-grey sd (vf to vc) and f gravel, slightly silty.									
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) 4/18/90 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) 7/19/90									
under the business name of KDHE - Pam Chaffee by (signature) Pamela K. Chaffee									
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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