

1 LOCATION OF WATER WELL:		Fraction <i>SE 1/4</i>	NE $\frac{1}{4}$	NW $\frac{1}{4}$	Section Number <i>28</i>	Township Number <i>27 S</i>	Range Number <i>3 EW</i>		
Distance and direction from nearest town or city street address of well if located within city? <i>6 Mile West of Augusta</i>									
2 WATER WELL OWNER:		<i>Grove Const, Co.</i>		<i>Wichita Kan</i>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		<i>20265 Glendale</i>		<i>67218</i>		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <i>105</i> ft. ELEVATION: Depth(s) Groundwater Encountered <i>85</i> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <i>30</i> ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield <i>45</i> gpm; Well water was ft. after hours pumping gpm Bore Hole Diameter <i>8.5</i> in. to 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes. <input checked="" type="checkbox"/> No. 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) <input checked="" type="checkbox"/>	2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/>	5 Wrought iron <input type="checkbox"/>	6 Asbestos-Cement <input type="checkbox"/>	7 PVC <input type="checkbox"/>	8 Concrete tile <input type="checkbox"/>	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>	
Blank casing diameter		<i>5</i> in. to <i>105</i> ft., Dia. in. to ft., Dia. in. to ft.						Welded <input type="checkbox"/>	
Casing height above land surface		<i>18</i> in., weight <i>200</i> lbs./ft. Wall thickness or gauge No. <i>214</i>						Threaded <input type="checkbox"/>	
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/>		2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/>		5 Fiberglass <input type="checkbox"/>	6 Concrete tile <input type="checkbox"/>	7 PVC <input type="checkbox"/>	8 RMP (SR) <input type="checkbox"/>	10 Asbestos-cement <input type="checkbox"/>	
1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/>		2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/>		5 Gauzed wrapped <input type="checkbox"/>	6 Wire wrapped <input type="checkbox"/>	7 Torch cut <input type="checkbox"/>	8 Saw cut <input type="checkbox"/>	11 Other (specify) <input type="checkbox"/>	
SCREEN OR PERFORATION OPENINGS ARE:		<i>60</i> ft. to <i>105</i> ft., From ft. to ft.						12 None used (open hole) <input type="checkbox"/>	
SCREEN-PERFORATED INTERVALS:		<i>60</i> ft. to <i>105</i> ft., From ft. to ft.						11 None (open hole) <input type="checkbox"/>	
GRAVEL PACK INTERVALS:		<i>20</i> ft. to <i>105</i> ft., From ft. to ft.						ft. to ft.	
6 GROUT MATERIAL:		1 Neat cement <input type="checkbox"/>	2 Cement grout <input checked="" type="checkbox"/>	3 Bentonite <input type="checkbox"/>	4 Other <input type="checkbox"/>				
Grout Intervals:		From <i>3</i> ft. to <i>14</i> ft., From ft. to ft., From ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination:									
1 Septic tank <input checked="" type="checkbox"/> 4 Lateral lines <input type="checkbox"/>		2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/>		7 Pit privy <input type="checkbox"/>	8 Sewage lagoon <input type="checkbox"/>	9 Feedyard <input type="checkbox"/>	10 Livestock pens <input type="checkbox"/>		
3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/>		11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/>							
14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/>									
Direction from well? <i>E</i> , How many feet? <i>100</i>									
FROM	TO	LITHOLOGIC LOG			FROM	TO	LITHOLOGIC LOG		
<i>0</i>	<i>2</i>	<i>Soil</i>							
<i>2</i>	<i>15</i>	<i>Clay</i>							
<i>15</i>	<i>20</i>	<i>Rock</i>							
<i>20</i>	<i>60</i>	<i>Shale</i>							
<i>60</i>	<i>90</i>	<i>Lime</i>							
<i>90</i>	<i>105</i>	<i>Shale</i>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>5/7/82</i> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <i>251</i> This Water Well Record was completed on (mo/day/yr) <i>6/29/82</i> under the business name of <i>Winter Well Drilling</i> by (signature) <i>Charles Winter</i>									
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.									