

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	36	T 28 S	R 1 E

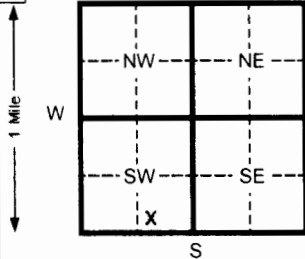
Distance and direction from nearest town or city street address of well if located within city?

18' W of SW Corner of Gas Lane Service, 1506 N. Nelson - Derby2 WATER WELL OWNER: **Gas Lane, Inc.**RR#, St. Address, Box #: **1506 N. Nelson**City, State, ZIP Code: **Derby, KS 67037**

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

40 ft. ELEVATION: **1304.67 (TOC)**Depth(s) Groundwater Encountered 1 **29.95** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **30.50** ft. below TOC measured on mo/day/yr **03/06/09**

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 **8.25** in. to **40** 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**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)

2 PVC 4 ABS

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

6 Asbestos-Cement 9 Other (specify below) _____

7 Fiberglass

Threaded FlushBlank casing diameter **2** in. to **25** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.Casing height above land surface **Flush** in., weight **0.703** 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

10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **25** ft. to **40** ft. From _____ ft. to _____ ft.GRAVEL PACK INTERVALS: From **22** ft. to **40** 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 **1** ft. to **22** 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	LITHOLOGIC LOG
0	0.2		Concrete	37.5	39.5	Sand, light gray, medium grained
0.2	21		Clay, dark gray to brown to light red brown, silty and sandy	39.5	40	Clay, light olive-gray, sandy
21	24		Sandy Silt, gray, very fine to fine grained			
24	26		Silty Sand, light gray, very fine to fine grained			
26	27.5		Sand, light brown, very fine to medium grained			
27.5	29.5		Silty Sand			
29.5	30		Silt, gray-white			
30	34		Sandy Silt, very fine to fine grained			
34	37.5		Silty Clay, light gray, sandy at 37'			

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/yr) **03/18/09** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **03/30/09**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.