

1 LOCATION OF WATER WELL: County: <u>SEDG</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	Section Number <u>31</u>	Township Number T <u>28</u> S	Range Number R <u>1</u> <u>EW</u>																																																												
Distance and direction from nearest town or city street address of well if located within city? <u>Same as Below</u>																																																																	
2 WATER WELL OWNER: <u>Doug Clark</u> RR#, St. Address, Box #: <u>611 CHRISTINE</u> City, State, ZIP Code: <u>Haysville, KS</u> 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: <u>35</u> ft. ELEVATION: <u>1150</u>																																																															
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to <u>35</u> 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 7 <u>Lawn and garden only</u> 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>✓</u>																																																															
		5 TYPE OF BLANK CASING USED:																																																															
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>✓</u> Clamped _____ 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>5</u> in. to <u>25</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>2.6</u> lbs./ft. Wall thickness or gauge No <u>SRA 26</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 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 <u>25</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.																																																															
		6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____																																																															
Grout Intervals: From <u>2</u> ft. to <u>35</u> 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? <u>Nine miles</u>																																																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-9-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>463</u> This Water Well Record was completed on (mo/day/yr) <u>8-29-91</u> under the business name of <u>R & A</u> by (signature) <u>Donna R. Clark</u>																																																																	