

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: SEDGWICK		SE 1/4 SE 1/4 SW 1/4		32		T 28 S		R 1 EW			
Distance and direction from nearest town or city street address of well if located within city? 620 E GRAND AVE HAYSVILLE, KS											
2 WATER WELL OWNER: Jerry Farner		Board of Agriculture, Division of Water Resources									
RR#, St. Address, Box # : 620 E GRAND AVE		Application Number:									
City, State, ZIP Code : HAYSVILLE, KS											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 20' ft. ELEVATION: 13.5' ft.									
		Depth(s) Groundwater Encountered 1. 13.5' ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL 16.95 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 8.5 in. to 20' 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 ☒ Monitoring well									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ ; If yes, mo/day/yr sample was submitted _____									
		Water Well Disinfected? Yes _____ No ☒									
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 _____											
Blank casing diameter _____ in. to 9.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC											
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) _____											
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
1 Continuous slot ☒ Mill slot 6 Wire wrapped 9 Drilled holes											
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 7.5 ft. to 20 ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other _____											
Grout intervals: From 0 ft. to 7.5 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 ☒ Fuel storage 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____											
Direction from well? _____ How many feet? _____											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		.5		CL, DK GR BR (DEVELOPED ZONE)							
.5		3.5		CL, VDK GR BR (FILL)							
3.5		5.0		CH, GR BR (ALLUVIUM)							
5.0		6.0		SP, DK BR							
6.0		7.0		SP, BR							
7.0		8.5		SP, GR BR							
8.5		11.0		SP, BR							
11.0		13.5		SP, LT. BR							
13.5		20.0		SW, BR							
G. Water @ 13.5' blg											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 11/19/91 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) 2/12/91 under the business name of Geotechnical Services Inc by (signature) Anders Unelace											
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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4