

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Seg</u>		<u>SE ¼ SW ¼ SW ¼</u>	<u>32</u>	T <u>28</u> S	R <u>2</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1 ½ E & N Derby</u>					
2 WATER WELL OWNER:			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <u>7001 S. 99th E</u>			Application Number:		
City, State, ZIP Code : <u>Derby, KS 67037</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>100</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>60</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr <u>3/24/95</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		☒ 5 Public water supply ☐ 8 Air conditioning ☐ 11 Injection well ☒ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 12 Other (Specify below) ☒ 4 Industrial ☒ Lawn and garden only ☐ 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued ☒ Clamped _____			
1 Steel ☒ 2 PVC 3 RMP (SR) 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>1.2</u> in., weight <u>460</u> lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		_____ <u>7 PVC</u> _____			
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel		5 Fiberglass 6 Concrete tile 7 RMP (SR) 8 ABS 9 Asbestos-cement 10 Other (specify) _____ 11 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		_____ <u>8 Mill slot</u> _____			
1 Continuous slot 2 Louvered shutter 3 Key punched		4 Gauzed wrapped 5 Wire wrapped 6 Torch cut 7 Saw cut 8 Drilled holes 9 Other (specify) _____ 10 None (open hole)			
SCREEN-PERFORATED INTERVALS:		From <u>80</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>25</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		_____ <u>3 Bentonite</u> _____			
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft.		_____ <u>4 Other</u> _____			
What is the nearest source of possible contamination:		_____ <u>8 Sewage lagoon</u> _____			
1 Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Fuel storage 9 Fertilizer storage 10 Insecticide storage			
Direction from well? <u>Downslope</u>		How many feet? <u>50+</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>silt</u>			
<u>3</u>	<u>8</u>	<u>brown clay</u>			
<u>8</u>	<u>68</u>	<u>yellow clay</u>			
<u>68</u>	<u>100</u>	<u>shale like</u>			
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) <u>3/24/95</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>493</u> This Water Well Record was completed on (mo/day/yr) <u>3/5/95</u>					
under the business name of <u>Brian Wells Drilling</u> by (signature) <u>[Signature]</u>					

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.