

1 LOCATION OF WATER WELL: Fraction		Section Number		Township Number		Range Number	
County: <u>Sedgewick NE SW 1/4 SE 1/4 NE 1/4</u>		<u>19</u>		T <u>28</u> S		R <u>2</u> <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>2 3/4 Miles North of Derby KS on Rock Rd.</u>							
2 WATER WELL OWNER: <u>Mark Robbins</u>							
RR#, St. Address, Box # : <u>7801 Lyons Ct</u>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>Derby, KS 67037</u>				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>123</u> ft. ELEVATION:					
		Depth(s) Groundwater Encountered 1. <u>107</u> ft. 2. <u>111</u> ft. 3. <u>101</u> ft.					
		WELL'S STATIC WATER LEVEL: <u>24</u> ft. below land surface measured on mo/day/yr <u>11-1-01</u>					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
		Est. Yield <u>12</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm					
		Bore Hole Diameter: <u>8 5/8</u> in. to <u>12 3/4</u> 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 <u>7</u> Domestic (lawn & garden) 10 Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. <u>✓</u> ; If yes, mo/day/yr sample was submitted _____							
Water Well Disinfected? Yes <u>✓</u> No _____							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued. <u>✓</u> Clamped. _____							
<u>2</u> PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____							
Blank casing diameter _____ in. to <u>10 3/4</u> in. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in., weight <u>50 R26</u> lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> PVC 10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____							
9 ABS 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot <u>3</u> 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) _____ ft.							
SCREEN-PERFORATED INTERVALS: From <u>103</u> ft. to <u>123</u> ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>123</u> ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____							
Grout Intervals: From <u>0</u> ft. to <u>22</u> 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							
<u>3</u> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____							
13 Insecticide storage							
Direction from well? <u>NW</u> How many feet? <u>45 127</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
<u>0</u>	<u>3</u>	<u>Top Soil</u>					
<u>3</u>	<u>21</u>	<u>Brown Clay</u>					
<u>21</u>	<u>58</u>	<u>Shale / Lime Streakers</u>					
<u>58</u>	<u>106</u>	<u>Hard Gray Shale</u>					
<u>106</u>	<u>114</u>	<u>Broken Lime</u>					
<u>114</u>	<u>123</u>	<u>Lime / Shale Streakers</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>10-31-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>464</u> This Water Well Record was completed on (mo/day/yr) <u>11-15-01</u> under the business name of <u>Water Well Services</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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.							