

1 LOCATION OF WATER WELL		Fraction <u>N 1/4 S 1/4 N 1/4</u>		Section Number <u>6</u>	Township Number <u>T 29 S</u>	Range Number <u>R 1 E</u>	
County: <u>Sedgewick</u>		Distance and direction from nearest town or city?		Street address of well if located within city? <u>248 Lemar</u>			
2 WATER WELL OWNER: <u>Clifford Terry</u> RR#, St. Address, Box #: <u>248 Lemar</u> City, State, ZIP Code: <u>Haysville Kans.</u> Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: <u>35</u> ft. Bore Hole Diameter: <u>8</u> in. to _____ ft., and _____ in. to _____ ft. Well Water to be used as: 1 Domestic 3 Feedlot 2 Irrigation 4 Industrial 5 Public water supply 6 Oil field water supply 7 <u>Lawn and garden only</u> 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) Well's static water level: <u>18</u> ft. below land surface measured on _____ month <u>16</u> day <u>81</u> year Pump Test Data: _____ Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED: 1 Steel 2 <u>PVC</u> 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement 11 Other (specify) 12 None used (open hole) Casing Joints: Glued _____ Clamped _____ Welded _____ Threaded _____ Blank casing dia: <u>5</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: <u>12</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>1/4</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Gauzed wrapped 8 Wire wrapped 9 Torch cut 7 <u>PVC</u> 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole) Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 <u>Saw cut</u> 9 Drilled holes 10 Other (specify) 11 None (open hole) Screen-Perforation Dia: <u>5</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Screen-Perforated Intervals: From <u>30</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
5 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____ Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 <u>Sewer lines sealed</u> 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Direction from well: <u>north</u> How many feet: <u>15</u> ? Water Well Disinfected? Yes <u>X</u> No _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u> If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____ Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <u>18</u> day <u>81</u> year _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>313</u> This Water Well Record was completed on _____ month <u>4</u> day <u>81</u> year under the business name of <u>Jet Drilling</u> by (signature) <u>[Signature]</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		<u>0</u> <u>15</u> <u>35</u> <u>BTN SAND</u> <u>15</u> <u>35</u> <u>WHT SAND/gravel</u>					
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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