

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>N 1/4</u> <u>E 1/4</u> <u>N 1/4</u> <u>E 1/4</u>	<u>7</u>	<u>T 29 S</u>	<u>R 2 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1692 Tiara Pines Circle Derby</u>					
2) WATER WELL OWNER: <u>John French</u>					
RR#, St. Address, Box # : <u>1692 Tiara Pines Circle</u>					
City, State, ZIP Code : <u>Derby 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>65</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>3-16-97</u>			
		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: <u>10</u> in. to <u>65</u> 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 Lawn and garden only</u> 10 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 <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
<u>2 PVC</u>		4 ABS		Welded _____ Threaded _____	
Blank casing diameter _____ in. to <u>65</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
		6 Concrete tile		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3 Mill slot</u>		8 Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
		7 Torch cut		9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:					
From _____ ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From _____ ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<u>3 Bentonite</u>	
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
<u>2 Sewer lines</u>		7 Pit privy		11 Fuel storage	
3 Watertight sewer lines		8 Sewage lagoon		12 Fertilizer storage	
6 Seepage pit		9 Feedyard		13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>West</u>				How many feet? <u>80 ft</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Topsoil</u>			
<u>2</u>	<u>8</u>	<u>clay</u>			
<u>8</u>	<u>11</u>	<u>fine sand</u>			
<u>11</u>	<u>44</u>	<u>shale</u>			
<u>44</u>	<u>65</u>	<u>Limestone</u>			
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-16-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>Cell</u> This Water Well Record was completed on (mo/day/yr) <u>3-15-97</u> under the business name of <u>Chase Brilling</u> by signature <u>Paul Chase</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.					