

NW NW SW SE

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: SEDGWICK		NE ¼ SE ¼ SW ¼	7		T 29S S	R 2E EW	
Distance and direction from nearest town or city street address of well if located within city? 713 HONEYBROOK, DERBY							
2 WATER WELL OWNER: DAVID M. LIND		Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box # : 713 HONEYBROOK		Application Number:					
City, State, ZIP Code : DERBY, KS 67037							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 110 ft. ELEVATION:					
		Depth(s) Groundwater Encountered 1 35 ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr 9/15/04					
		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 10 in. to 110 ft. and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 <u>Lawn and garden (domestic)</u> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes X No _____					
5 TYPE OF BLANK CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued X Clamped _____	
1 <u>Steel</u>		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 <u>PVC</u>		4 ABS		7 Fiberglass		Welded _____	
Blank casing diameter 5 in. to 110 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>		10 Asbestos-cement			
1 Steel		3 Stainless steel		8 RMP (SR)		11 Other (specify) _____	
2 Brass		4 Galvanized steel		9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		3 <u>MHI slot</u>		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From 75 ft. to 110 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 25 ft. to 110 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 <u>Bentonite</u>	
Grout Intervals From 4 ft. to 24 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well			
1 Septic tank		4 Lateral lines		7 Pit privy		11 Fuel storage	
2 <u>Sewer lines</u>		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage	
3 <u>Watertight sewer lines</u>		6 Seepage pit		9 Feedyard		13 Insecticide storage	
Direction from well? WEST		How many feet? 15					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2		TOPSOIL				
2	27		CLAY				
27	32		FINE SAND				
32	47		SHALE				
47	80		LIMESTONE				
80	110		SHALE				
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/yr) 9/15/04 9/3/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 9/20/04							
Under the business name of CHASE DRILLING by (signature) _____							
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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