

LOCATION OF WATER WELL: County: <u>Lincoln</u>	Fraction <u>N</u> / <u>C</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	Section Number <u>18</u>	Township Number <u>T 12</u> <u>S</u>	Range Number <u>R 10W</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

4 3/4 W of Sylvan Grove, Kansas

WATER WELL OWNER: <u>Ron Federking</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>Sylvan Grove, Ks.</u>	Application Number:
City, State, ZIP Code: <u>67481</u>	

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	DEPTH OF COMPLETED WELL: <u>125</u> ft. ELEVATION: <u>Unknown</u>
	Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr <u>6/22/87</u>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>8</u> in. to <u>125</u> ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 <u>Domestic</u> 3 Feedlot <u>XXXXXX</u> 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well	
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____	

TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter: <u>5</u> in. to <u>105</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>			

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 <u>PVC</u>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile
		8 RMP (SR)
		9 ABS
		11 Other (specify) _____
		12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 <u>Saw cut</u>	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____

SCREEN-PERFORATED INTERVALS:	From <u>105</u> ft. to <u>125</u> ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From <u>20</u> ft. to <u>125</u> ft., From _____ ft. to _____ ft.

GROUT MATERIAL:	1 <u>Neat cement</u>	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals:	From <u>0</u> ft. to <u>20</u> 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard
		11 Fuel storage
		12 Fertilizer storage
		13 Insecticide storage
		16 Other (specify below) <u>Middle of pasture</u>

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	35	Clay			
35	125	Sand rock with clay streaks			

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) 6/22/87 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 8/17/87 under the business name of Kelly's Water Well Service by (signature) [Signature]

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.