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|--|-----|--|-------------------------|------------------------------|--------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction NW 1/4 | Section Number 5 | Township Number T 23S | Range Number R 3W |
| County: Harvey | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? 2 North of Burrton, 1 1/2 West, 1 3/4 North | | | | | |
| 2 WATER WELL OWNER: | | Land | | | |
| RR#, St. Address, Box # : | | Owner: Roland Vogt | | | |
| City, State, ZIP Code : | | RR 2 Sedgwick, KS Board of Agriculture, Division of Water Resources | | | |
| | | Application Number: T82-46 | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 115 ft. ELEVATION: 12 ft. | | | |
| | | Depth(s) Groundwater Encountered 1. 43 ft. 2. 12 ft. 3. 1/27/82 ft. | | | |
| | | WELL'S STATIC WATER LEVEL 43 ft. below land surface measured on mo/day/yr | | | |
| | | 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 11 in. to 115 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 <u>6 Oil field water supply</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 _____ No <u>XX</u> ; If yes, mo/day/yr sample was submitted _____ | | | |
| | | Water Well Disinfected? Yes _____ No <u>XX</u> | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued <u>XX</u> Clamped _____ | | | |
| 1 Steel 3 RMP (SR) | | Welded _____ | | | |
| 2 PVC 4 ABS | | Threaded _____ | | | |
| Blank casing diameter 5 in. to 0 ft., Dia. 5 in. to 95 ft., Dia. _____ in. to _____ ft. | | | | | |
| Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No. 216 | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC 10 Asbestos-cement | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 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 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ | | | | | |
| SCREEN-PERFORATED INTERVALS: From 95 ft. to 115 ft., From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 10 ft. to 115 ft., From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: <u>2 Cement grout</u> 3 Bentonite 4 Other _____ | | | | | |
| Grout Intervals: From 0 ft. to 10 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 15 Oil well/Gas well | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage NONE | | | | | |
| Direction from well? | | How many feet? | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
| 0 | 3 | Top Soil | | | |
| 3 | 15 | Fine Sand | | | |
| 15 | 36 | Clay Brown | | | |
| 36 | 45 | Fine sand with clay | | | |
| 45 | 69 | clay | | | |
| 69 | 75 | Equi-s sand with some clay | | | |
| 75 | 90 | Equi-s sand | | | |
| 90 | 115 | Equi-s sand | | | |
| 115 | - | Green clay | | | |
| 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) 1/27/82 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 1/27/82 under the business name of Rosenkrantz-Bemis Ent. by (signature) <i>Diane Schoelkopf</i> | | | | | |
| 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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. | | | | | |

OFFICE USE ONLY

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