

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Finney		NW ¼ NW ¼ NW ¼	18		T 24 S		R 32 W	
Distance and direction from nearest town or city street address of well if located within city? Located at 5 Points 66, Garden City KS								
2 WATER WELL OWNER: Del Ray Mounts								
RR#, St. Address, Box # : P.O. Box 666					Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Garden City, KS					Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 52.00 ft. ELEVATION:						
		Depth(s) Groundwater Encountered 1 42 ft. 2 _____ ft. 3 _____ ft.						
		WELL'S STATIC WATER LEVEL 41.31 ft. below land surface measured on mo/day/yr 3/30/2010						
		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 8.625 in. to 52.00 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 Lawn and garden (domestic) 10 Monitoring well MW-3R								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was Submitted _____								
Water Well Disinfected? Yes _____ No X								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR)			5 Wrought Iron 8 Concrete tile			CASING JOINTS: Glued _____ Clamped _____		
2 PVC 4 ABS			6 Asbestos-Cement 9 Other (specify below) _____			Welded _____		
			7 Fiberglass _____			Threaded X		
Blank casing diameter 2 in. to 32 Ft., Dia _____ in. to _____ ft.								
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass			7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile			8 RMP (SR) 11 Other (specify) _____					
SCREEN OR PERFORATION OPENINGS ARE:			9 ABS 12 None used (open hole)					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)			6 Wire wrapped 9 Drilled holes 10 Other (specify) _____					
2 Louvered shutter 4 Key punched 7 Torch cut								
SCREEN-PERFORATED INTERVALS: From 32 ft. to 52 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
SAND PACK INTERVALS: From 30 ft. to 52 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____								
Grout Intervals From 2 .5 ft. to 30 Ft. From 3 30 Ft. to 32 ft. From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy			10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon			11 Fuel storage 15 Oil well/ Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard			12 Fertilizer storage 16 Other (specify below)					
			13 Insecticide storage			Contaminated Site		
Direction from well? _____ How many feet? _____								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w								
Completed on (mo/day/yr) 3/30/2010 And this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 4/16/2010								
under the business name of Associated Environmental, Inc. By (signature) Bradley J. Johnson								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.								

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