

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Finney</b>		<b>NW ¼ NW ¼ NW ¼</b>		<b>18</b>		<b>T 24 S</b>		<b>R 32 W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>Located at 5 Points 66, Garden City KS</b>									
2 WATER WELL OWNER: <b>Del Ray Mounts</b>									
RR#, St. Address, Box #: <b>P.O. Box 666</b>									
City, State, ZIP Code: <b>Garden City, KS</b>									
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 <b>52.00</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <b>42</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>41.68</b> ft. below land surface measured on mo/day/yr <b>3/31/2010</b>							
		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 <b>8.625</b> In. to <b>52.00</b> 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 <b>Monitoring well</b> <b>MW-21R</b>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was Submitted _____									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____									
7 Fiberglass _____ <b>Threaded</b> <b>X</b>									
Blank casing diameter <b>2</b> In. to <b>32</b> Ft., Dia _____ In. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>FLUSH</b> in., weight <b>SCH 40</b> Lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 <b>Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>32</b> ft. to <b>52</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From <b>30</b> ft. to <b>52</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____									
Grout Intervals From 2 <b>.5</b> ft. to <b>28</b> Ft. From 3 <b>28</b> Ft. to <b>30</b> 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 <b>Other (specify below)</b>									
<b>Contaminated Site</b>									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>.5</b>		<b>Asphalt and Concrete</b>						
<b>.5</b>	<b>7</b>		<b>Silty clay, dark brown</b>						
<b>7</b>	<b>11</b>		<b>Sandy clay, light brown, firm</b>						
<b>11</b>	<b>39</b>		<b>Sand, fine to medium grained</b>						
<b>39</b>	<b>52</b>		<b>Sand, dark grey staining</b>						
<b>52</b>	<b>TD</b>		<b>END BOREHOLE</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) <b>3/30/2010</b> And this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>4/6/2010</b>									
under the business name of <b>Associated Environmental, Inc.</b> By (signature) <b>Bradley J. Johnson</b>									
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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