

1 LOCATION OF WATER WELL: County: FINNEY		Fraction NW 1/4 NE 1/4 SW 1/4		Section Number 19	Township Number T 24 S	Range Number R 32 EW																																																																																																
Distance and direction from nearest town or city street address of well if located within city? Garden City south on US 83 across Ark River, east on Burnside Drive ~1/8 m, North																																																																																																						
2 WATER WELL OWNER: Kansas Geological Survey Garden City Observation through gate RR#, St. Address, Box #: 1930 Constant Avenue Board of Agriculture, Division of Water Resources: City, State, ZIP Code: Lawrence, KS 66047 Application Number: _____																																																																																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 145 ft. ELEVATION: ~ 2833																																																																																																				
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 30.7 ft. below land surface measured on mo/day/yr 6/30/97 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 6 in. to 145 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 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 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 _____ No X																																																																																																				
		5 TYPE OF BLANK CASING USED:																																																																																																				
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter 2.5 in. to 24 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. Sch 40 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 135 ft. to 145 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 132 ft. to 145 ft., From _____ ft. to _____ ft.																																																																																																				
		6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																																				
Grout Intervals: From 0 ft. to 132 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) Salvage Yard 13 Insecticide storage Direction from well? West How many feet? 50																																																																																																						
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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) 6/26/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. (KGS) This Water Well Record was completed on (mo/day/yr) 6/30/97 under the business name of See KGS OFR 2000-42 by (signature) Donald W. Heltz																																																																																																						
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																						