

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>SW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>36</u>	Township Number <u>25 S</u>	Range Number <u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1000' SW OF VALLEY CENTER, KS</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number: <u>BARTON SOLVENTS</u> <u>201 SOUTH CEDAR</u> <u>VALLEY CENTER, KS 67147</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>32.5</u> ft. ELEVATION: <u>1397</u> Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>2</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>32.5</u> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below) <u>SPARGE POINT</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>Yes</u>			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Blank casing diameter <u>2.375</u> in. to <u>30.0</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>0</u> in., weight <u>0.687</u> lbs./ft. Wall thickness or gauge No. <u>SCH 40 (0.159)</u>		CASING JOINTS: Glued _____ Clamped _____ Welded _____ <u>Threaded</u> <u>FLASH</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)		SCREEN OR PERFORATION OPENINGS ARE: <u>Continuous slot</u> 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>30.0</u> ft. to <u>32.5</u> ft.		GRAVEL PACK INTERVALS: From <u>29.5</u> ft. to <u>32.5</u> ft.			
6 GROUT MATERIAL: <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other <u>BENTONITE 29 TO 29.5</u> Grout Intervals: From <u>0</u> ft. to <u>29</u> 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 _____ Direction from well? _____ How many feet? _____			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0 1 TOPSOIL					
1 14 BROWN CLAY					
14 32.5 VERY FINE TO FINE SAND					
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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>581</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>LAYNE WESTERN, A DIV OF LAYNE CHRISTENSEN</u> by (signature) <u>[Signature]</u>					
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.					