

LOCATION OF WATER WELL: Sedgwick	FRACTION SE 1/4 SW 1/4 NW 1/4	SECTION NUMBER 36	TOWNSHIP NUMBER T 25 S	RANGE NUMBER R 1W E/W
--	---	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

150 Valley Creek Drive Valley Center, Kansas

2	WATER WELL OWNER:	GOENTZEL CONSTRUCTION	
	RR#, ST. ADDRESS, BOX #:	1354 S. Ridge Road	Board of Agriculture, Division of Water Resource
	CITY, STATE:	Wichita, Kansas	Application Number:
		ZIP CODE:	

3	LOCATE WELL'S LOCATION	4	DEPTH OF COMPLETED WELL:	35	ft.	ELEVATION:
---	------------------------	---	--------------------------	----	-----	------------

WITH AN "X" IN SECTION BOX:
N

Depth of groundwater Encountered: ft. ft. ft.

NW NE

SW SE

S

1 Mile

W E

WELL'S STATIC WATER LEVEL **15** **FT. BELOW LAND SURFACE MEASURED ON** **mo/day/yr:** **3/15/05**

Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm

Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm

Bore Hole Diameter **12** in. to **35** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1. Domestic

2. Irrigation

3. Feedlot

4. Industrial

5. Public water supply

6. Oil field water supply

7. Lawn and garden only

8. Air conditioning

9. Dewatering

10. Monitoring well

11. Injection well

12. Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? **YES** **NO** ; If yes, what mo/day/yr was sample submitted **Was Water Well Disinfected?** **YES** **NO**

5 TYPE OF CASING USED: 5. Wood-lined 7. Fiberglass 9. Other (Specify below) CASING JOINTS: Glued Threaded

1. Steel
2. PVC
3. RPM (SR)
4. ABS
5. Wrought Iron
6. Asbestos-Cement
7. Fiberglass
8. Concrete tile
9. Other (Specify below) SDR-26
CANSYS JOINTS: Welded
Accessories: Clamped

Blank casing diameter **5** in. to **25** ft., **Dia.** in. to ft., **Dia.** in. to ft.

Casing height above land surface: **16** in., Weight: **2.35** lbs. / ft. Wall thickness or gauge No. **.214**

TYPE OF SCREEN OR PERFORATION MATERIAL: _____

1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify)

2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1. Continuous slot 2. Mill slot 5. Gauzed/wrapped 7. Torn out 9. Drilled holes 11. None (open hole)

2. Louvered shutter 4. Key punched 6. Wire wrapped 8. Saw cut 10. Other (specify)

SCREEN - PERFORATION INTERVAL. From 25 ft. to 30 ft. From _____ ft. to _____ ft.

	From	to	ft.	ft.	ft.	ft.	From	to	ft.	ft.	ft.	ft.
	From	to	ft.	ft.	ft.	ft.	From	to	ft.	ft.	ft.	ft.

GRAVEL PACK INTERVALS: From **24** ft. to **35** ft., From ft. to ft.

From ft. to ft. From ft. to ft.

GROUT MATERIALS:		1. Mortar	2. Cement	3. Grout	4. Other
					hempcrete hole plug

0	GROUT MATERIALS:	1. Neat cement	2. Cement Grout	3. Bentonite	Other	bentonite hole plug
---	------------------	----------------	-----------------	--------------	-------	----------------------------

Grout Intervals: From 4 ft. to 24 ft., From _____ ft. to _____ 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 13. Insecticide storage 15. Oil well/Gas well

8. Sewage lagoon

2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well

3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage

Direction from well?	West	How many feet?	50 ft. plus
----------------------	------	----------------	-------------

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
------	----	----------------	------	----	----------------

0	4	topsoil			
---	---	---------	--	--	--

4	12	clay			
---	----	------	--	--	--

12	35	sand with clay streaks			
----	----	------------------------	--	--	--

[illegible][illegible][illegible]

--	--	--	--	--	--

[illegible][illegible][illegible][illegible][illegible][illegible]

--	--	--	--	--	--

7. *Conclusions*—The results of this study indicate that the use of a single, standard, non-validated questionnaire to assess the prevalence of musculoskeletal disorders and

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) **3/15/2005** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **236** This water well record was completed on (mo/day/year) **3/16/2005**

Handed Water Well Contractor's License No. 256 This water well record was completed on (Month, Year) 5/10/2005

under the business name of **Harp Well & Pump Service Inc.** by (signature) *Jedd S. Harp*