

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																																																									
County: Sedgwick		SE ¼ SE ¼ NE ¼	36	T 25 S	R 1 W																																																																																																									
Distance and direction from nearest town or city street address of well if located within city? 126 W. Main Street, Valley Center																																																																																																														
2 WATER WELL OWNER:		Valley Drug RR#, St. Address, Box # : 126 W. Main Street City, State, ZIP Code : Valley Center, KS 67147 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 24 ft. ELEVATION: 1344.57 (TOC)																																																																																																												
		Depth(s) Groundwater Encountered 1 14.5 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 13.14 ft. below land surface measured on mo/day/yr 2-28-05 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 6 in. to 24 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 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 Flush Blank casing diameter 2 in. to 22 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40																																																																																																												
		TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot 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 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 22 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 24 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 Bentonite Grout Grout Intervals From 1 ft. to 18.5 ft. From 18.5 ft. to 20 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 _____ Direction from well? _____ How many feet? _____																																																																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td></td> <td>Asphalt, concrete, base</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>6</td> <td></td> <td>Silty Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>11</td> <td></td> <td>Sand and Gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td>12</td> <td></td> <td>Silty Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>24</td> <td></td> <td>Sand and Gravel</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1		Asphalt, concrete, base				1	6		Silty Clay				6	11		Sand and Gravel				11	12		Silty Clay				12	24		Sand and Gravel																																																																		
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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/yr) 3-9-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 4-26-05 under the business name of Geotechnical Services, Inc. by (signature) <i>[Signature]</i>																																																																																																														
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																																														

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