

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction: <u>NW ¼ NW ¼ SW ¼</u>	Section Number: <u>27</u>	Township Number: T <u>25(S)</u>	Range Number: R <u>1 E(W)</u>																																																																								
Distance and direction from nearest town or city street address of well if located within city? <u>8829 N Janis St</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																										
2 WATER WELL OWNER: <u>Stan Smith</u> RR#, St. Address, Box #: <u>8829 N Janis St</u> City, State, ZIP Code: <u>Valley Center KS</u>																																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N +-----+-----+ --NW-- --NE-- W E --SW-- --SE-- S		4 DEPTH OF COMPLETED WELL <u>50</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>11</u> ft. below land surface measured on mo/day/yr. <u>4-12-07</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: <table style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>(Domestic) 3 Feedlot</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Domestic (lawn & garden)</td> </tr> <tr> <td></td> <td>10 Monitoring well</td> <td>12 Other (Specify below)</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> ; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <u>X</u> No				5 Public water supply	8 Air conditioning	11 Injection well	(Domestic) 3 Feedlot	6 Oil field water supply	9 Dewatering	2 Irrigation	4 Industrial	7 Domestic (lawn & garden)		10 Monitoring well	12 Other (Specify below)																																																												
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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) <u>4-12-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>601</u> . This Water Well Record was completed on (mo/day/year) <u>5-10-07</u> under the business name of <u>Chase Drilling</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																													