

1 LOCATION OF WATER WELL: County: <u>Sedgewick</u> Fraction <u>Near Center SW 1/4</u> Section Number <u>34</u> Township Number <u>T 25 S</u> Range Number <u>R 1 W</u>																																																													
Distance and direction from nearest town or city street address of well if located within city? <u>3 mi. west of Valley Center, Ks</u>																																																													
2 WATER WELL OWNER: <u>Richard Becker</u> RR#, St. Address, Box # : City, State, ZIP Code : <u>Halstead, Ks. 67056</u>																																																													
Board of Agriculture, Division of Water Resources Application Number: <u>36509</u>																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>109</u> ft. ELEVATION: <u>109</u> ft.																																																												
	Depth(s) Groundwater Encountered <u>13</u> ft. 2. <u>13</u> ft. 3. <u>13</u> ft.																																																												
	WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>5-25-83</u>																																																												
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																												
	Est. Yield <u>2500</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																												
Bore Hole Diameter <u>16</u> in. to <u>109</u> ft., and _____ in. to _____ ft.																																																													
WELL WATER TO BE USED AS:																																																													
1 Domestic <u>2 Irrigation</u> 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)																																																													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; If yes, mo/day/yr sample was submitted _____																																																													
Water Well Disinfected? Yes _____ No <u>✓</u>																																																													
5 TYPE OF BLANK CASING USED:																																																													
1 Steel <u>2 RMP (SR)</u> 3 Wrought iron 4 Concrete tile 5 Asbestos-Cement 6 Other (specify below) 7 Fiberglass 8 ABS 9 Other (specify below) 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)																																																													
Blank casing diameter <u>16</u> in. to <u>44</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																													
Casing height above land surface <u>12</u> in., weight <u>35</u> lbs./ft. Wall thickness or gauge No. <u>75</u>																																																													
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																													
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 RMP (SR) 8 ABS 9 Other (specify) 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)																																																													
SCREEN OR PERFORATION OPENINGS ARE:																																																													
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)																																																													
SCREEN-PERFORATED INTERVALS: From <u>44</u> ft. to <u>109</u> ft., From _____ ft. to _____ ft.																																																													
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>109</u> ft., From _____ ft. to _____ ft.																																																													
6 GROUT MATERIAL: <u>Asbestos-Cement</u> 2 Cement grout 3 Bentonite 4 Other																																																													
Grout Intervals: From <u>5</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.																																																													
What is the nearest source of possible contamination:																																																													
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)																																																													
Direction from well? <u>NONE within 1/4 mile</u> How many feet? _____																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>TOP Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>8</td> <td>Brown Sandy Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>34</td> <td>COARSE SAND & GRAVEL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>77</td> <td>med COARSE SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>77</td> <td>78</td> <td>Gray Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>78</td> <td>81</td> <td>med. SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>81</td> <td>87</td> <td>Brown Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>87</td> <td>108</td> <td>Fine to med (Equs Sand)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>108</td> <td>109</td> <td>Green Shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	4	TOP Soil				4	8	Brown Sandy Clay				8	34	COARSE SAND & GRAVEL				34	77	med COARSE SAND				77	78	Gray Clay				78	81	med. SAND				81	87	Brown Clay				87	108	Fine to med (Equs Sand)				108	109	Green Shale			
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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>5-25-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u> This Water Well Record was completed on (mo/day/yr) <u>6-29-83</u> under the business name of <u>Peterson Irrigation, Inc.</u> by (signature) _____																																																													
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																													

OFFICE USE ONLY

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EW

SEC.

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C 1/4 SW 1/4

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DP