

PLUG Well

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SE 1/4 NE 1/4 NE 1/4	36	T 25 S	R 1 E (1)
Distance and direction from nearest town or city street address of well if located within city? VALLEY CENTER					
2 WATER WELL OWNER: John Day					
RR#, St. Address, Box #: 522 W 2nd					
City, State, ZIP Code: VALLEY CENTER					
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: 30 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 13 ft. 2. 13 ft. 3. 13 ft.			
		WELL'S STATIC WATER LEVEL 13 ft. below land surface measured on mo/day/yr 6-13-94			
		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: _____ in. to _____ ft., and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:					
1 <u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes X No					
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 _____					
Blank casing diameter 4 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) NA 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) NA					
SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement ☒ 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From 13 ft. to 0 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 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) NA 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
			30	13	SAND
			13	0	CEMENT
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) 6-13-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) John Day					
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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