

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SW 1/4 SW 1/4 NW 1/4	22	T 25 S	R 3
Distance and direction from nearest town or city street address of well if located within city?					
1 mile East & 1/2 Mile South of Mt. Hope					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number: 17,952			
City, State, ZIP Code :		Mt Hope, KS 67108			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 65 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 6-20-94			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 800-1000 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter 30 in. to 65 in. and _____ in. to _____ in.		WELL WATER TO BE USED AS:			
1 Domestic		3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	7 Lawn and garden only	9 Dewatering	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 X Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter 16 in. to 35 in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in.					
Casing height above land surface 12 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
				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 35 ft. to 65 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 65 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other _____	
Grout Intervals: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination: None within 1/4 mile					
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?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top Soil			
5	23	Tan Sandy Clay			
23	37	Medium to Course Sand			
37	41	Brown Clay			
41	65	Medium Course Sand			
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) 6-20-94 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 7-18-94					
under the business name of Peterson Irrigation Inc. by (signature) <i>Mike Peterson</i>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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