

MW-3 221012

1 LOCATION OF WATER WELL: County: Sedgwick 087 Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 16 Township Number: T 25 S Range Number: R 3 E W 0

Distance and direction from nearest town or city street address of well if located within city?
110 E Main, Mt. Hope 15' W. & 52 ft. N. of N.W. cor. Fire Dept

2 WATER WELL OWNER: Jack D. Hefling
 RR#, St. Address, Box #: Rt 1, Box 68
 City, State, ZIP Code: Mt. Hope, KS 67108

Board of Agriculture, Division of Water Resources
 Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
W	X	E	
S			

4 DEPTH OF COMPLETED WELL: 35 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1. 27.5 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 27.02 ft. below land surface measured on mo/day/yr 1-26-95
 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: 8 in. to _____ ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 2 PVC 3 RMP (SR) 4 ABS
 Blank casing diameter: 2.0 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: Flush in., weight: 703 lbs./ft. Wall thickness or gauge No. 154
 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) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 20 ft. to 35 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 19 ft. to 35 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 19 ft. to 2 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) _____
 13 Insecticide storage
 Direction from well? SW How many feet? ~110

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	1.0	Topsoil			
1.0	12.0	Clay, silty			
12.0	24.0	Clay, silty, blk. organics			
24.0	28.0	Clay, v. silty, Fe stain			
28.0	35.0	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) 1-26-95 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) 2-17-95 under the business name of GSI by (signature) Bryce Armstrong

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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