

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Finney		SE ¼ SE ¼ NE ¼		35		T 25 S		R 32 E/W	
Distance and direction from nearest town or city street address of well if located within city? 8 South, 4 East of Garden City									
2 WATER WELL OWNER: Nancy Howard									
RR#, St. Address, Box #: 8395 S Rd 18									
City, State, ZIP Code: Garden City, KS 67846									
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 360 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 160 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 160 ft. below land surface measured on mo/day/yr 8/16/04							
		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 10 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 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 5 in. to 360 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 18 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 21									
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 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 220 ft. to 240 ft. From 260 ft. to 280 ft.									
From 320 ft. to 340 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 25 ft. to 360 ft. From _____ ft. to _____ 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 5 ft. to 25 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 Non Observed									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	6		Top soil						
6	51		Sandy clay						
51	188		Fine to med sand; little clay						
188	206		Brown clay						
206	234		Fine to med sand ;little clay						
234	238		clay						
238	284		Fine to med sand						
284	292		clay						
292	320		Med sand						
320	330		clay						
330	360		Cemented sand & clay stks.						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and wasConstructed _____									
completed on (mo/day/yr) 8/16/04 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 473 This Water Well Record was completed on (mo/day/yr) 8/19/04									
under the business name of Tyler water well Inc. by (signature) _____									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.									

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