

1 LOCATION OF WATER WELL: County: <u>Finney</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>33</u>	Township Number T <u>25</u> S	Range Number R <u>32</u> EW															
Distance and direction from nearest town or city street address of well if located within city? <u>From Garden City, 7 3/8 miles South on Hwy 83, then 1 mile east.</u>																			
2 WATER WELL OWNER: <u>Ty Finch</u> RR#, St. Address, Box # : <u>8070 S. Rd. 15</u> City, State, ZIP Code : <u>Garden City, KS. 67846</u> 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 <u>350</u> ft. ELEVATION:																	
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px;"> <tr><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td style="text-align: center;">- NW -</td><td style="text-align: center;">- NE -</td><td></td></tr> <tr><td style="text-align: center;">W</td><td></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">- SW -</td><td style="text-align: center;">- SE -</td><td></td></tr> <tr><td></td><td></td><td style="text-align: center;">S</td></tr> </table>		X			- NW -	- NE -		W		E	- SW -	- SE -				S	Depth(s) Groundwater Encountered <u>1</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>200</u> ft. below land surface measured on mo/day/yr <u>7-16-04</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well		
		X																	
		- NW -	- NE -																
		W		E															
- SW -	- SE -																		
		S																	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____																			
5 TYPE OF BLANK CASING USED:																			
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ 7 Fiberglass    Threaded _____ Blank casing diameter <u>5</u> in. to <u>320</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>S&amp;W 21</u>																			
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 Guazed 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) _____ ft.																			
SCREEN-PERFORATED INTERVALS: From <u>320</u> ft. to <u>350</u> ft., From _____ ft. to _____ ft.																			
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>265</u> ft., From <u>270</u> ft. to <u>350</u> ft.																			
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other _____																			
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>265</u> ft. to <u>320</u> 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) <u>nothing within 100 ft.</u> 13 Insecticide storage																			
Direction from well? _____ How many feet? _____																			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS														
0	2	Topsoil																	
2	24	Brown clay																	
24	182	Course sand																	
182	188	Brown clay																	
188	200	Course sand																	
200	202	Brown clay																	
202	218	Course sand																	
218	221	Brown clay																	
221	222	Course sand																	
222	227	Brown clay																	
227	265	Course sand																	
265	269	Brown clay																	
269	320	Med. sand & brown sandy																	
320	350	Course sand																	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-16-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>7-2-05</u> under the business name of <u>Jantzen Water Well Repair</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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																			