

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NW ¼ NW ¼ NW ¼</u>	<u>20</u>	T <u>26</u> S	R <u>1</u> E <u>(X)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 East of 53rd N. & 103rd W., Maize Ks.</u>					
2 WATER WELL OWNER: <u>Newpk Const.</u>					
RR#, St. Address, Box # : <u>P.O. Box 218</u> City, State, ZIP Code : <u>Goddard, Ks. 67052</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>38</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered _____ ft. 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>9</u> ft. below land surface measured on mo/day/yr _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>150</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
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 Domestic (lawn & garden) 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yrs sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel <u>2 PVC</u> Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>		3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) _____ CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel		5 Fiberglass 6 Concrete tile 7 Guazed wrapped 8 Wire wrapped 9 Torch cut		10 Asbestos-Cement 11 Other (Specify) _____ 12 None used (open hole) 8 Saw cut 9 Drilled holes 10 Other (specify) _____ ft.	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 2 Louvered shutter <u>3 Mill slot</u> 4 Key punched					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement Grout Intervals: From <u>3</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.		2 Cement grout 3 Bentonite		4 Other _____ 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 <u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ Direction from well? <u>South</u> How many feet? <u>12'</u>	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 3 Top soil					
3 10 Clay					
10 20 Sand					
20 38 Mud sand					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-1-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>H-740</u> . This Water Well Record was completed on (mo/day/yr) <u>4-1-05</u> under the business name of <u>Williams Drilling Inc.</u> by signature <u>[Signature]</u>					
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.					