

1 LOCATION OF WATER WELL:
County: **Sedgwick**

Fraction
SW 1/4 SE 1/4 NE 1/4

Section Number
16

Township Number
T 26 S

Range Number
R 2 E **(W)**

Distance and direction from nearest town or city street address of well if located within city? **Approximately 1/4 mile north of Colwich**

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: **37.787213**
Longitude: **-97.539305**
Elevation: **Unknown**
Datum: **NAD83**
Data Collection Method: **WAAS GPS Unit**

2 WATER WELL OWNER: City of Colwich
RR#, St. Address, Box # : **310 S. 2nd**
City, State, ZIP Code : **P.O. Box 158**
Colwich, KS 67030

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

--NW--	--NE--
	x
--SW--	--SE--

W
E
S

4 DEPTH OF COMPLETED WELL **202** ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL **26.6** ft. below land surface measured on **mo/day/yr** **03-28-07**
Pump test data: Well water was **Not checked** ft. after _____ hours pumping _____ gpm
Est. Yield **Unknown** 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 **Test Well**
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr _____
Sample was submitted _____ Water well disinfected? Yes _____ No ☒

5 TYPE OF CASING USED:
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____
(2) PVC 4 ABS 7 Fiberglass
Blank casing diameter **5** in. to **160** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface **24** in., weight **2.36** lbs./ft. Wall thickness or gauge No. **.214**

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass **(7) PVC** 9 ABS 11 Other (Specify) _____
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot **(3) Mill slot** 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____
SCREEN-PERFORATED INTERVALS: From **160** ft. to **200** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **25** ft. to **136** ft., From _____ ft. to _____ ft.
From **140** ft. to **210** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite **(4) Other** **Bentonite Holeplug**
Compacted Soil Bentonite Holeplug
Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **25** ft., From **136** ft. to **140** ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage **(16) Other (specify below)**
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well **None known**
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil	131	139	Clay, gray
2	24	Clay, brown	139	160	Sand, fine to medium, with clay streaks, thin, tan
24	46	Sand, fine to medium, some clay, tan			
46	60	Sand, gravel, fine to coarse	160	180	Sand, fine to coarse, with clay streaks, thin, tan
60	65	Sand, gravel, fine to coarse, with clay streaks, thin, tan	180	189	Sand, fine to medium, with clay streaks, thin, tan
65	87	Sand, gravel, fine to coarse			
87	88	Clay, yellow, brown	189	205	Sand, fine to coarse, with clay streaks, thin, tan
88	102	Sand, gravel, fine to coarse			
102	131	Sand, gravel, fine to coarse, with clay streaks, thin, yellow and tan	205	210	Sand, gravel, fine to coarse, with clay streaks, thin, tan

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) **03-09-07** and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **03-28-07**
Under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[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.