

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number																																					
County: SEDGWICK		NW 1/4 NW 1/4 SE 1/4		16		T 26 S		R 2 W EW																																					
Distance and direction from nearest town or city?				Street address of well if located within city? Lot # 16 705 Brookside Place Colwich, Ks.																																									
2 WATER WELL OWNER: Chip Suter Const. RR#, St. Address, Box # : 1251 Reece Rd. City, State, ZIP Code : Goddard, Ks.																																													
Board of Agriculture, Division of Water Resources Application Number:																																													
3 DEPTH OF COMPLETED WELL . . . 60 . . . ft. Bore Hole Diameter . . . 11 . . . in. to . . . ft., and . . . in. to . . . ft.																																													
Well Water to be used as:																																													
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well																																													
Well's static water level . . . 18 . . . ft. below land surface measured on . . . 6 . . . month . . . 6 . . . day . . . 80 . . . year																																													
Pump Test Data : Well water was . . . ft. after . . . hours pumping . . . gpm																																													
Est. Yield gpm: Well water was . . . ft. after . . . hours pumping . . . gpm																																													
4 TYPE OF BLANK CASING USED:																																													
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued ☒ Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded																																													
Blank casing dia . . . 5 . . . in. to . . . 40 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.																																													
Casing height above land surface . . . 12 . . . in., weight . . . lbs./ft. Wall thickness or gauge No . . . 200																																													
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 .06 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)																																													
Screen-Perforation Dia . . . 5 . . . in. to . . . 60 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.																																													
Screen-Perforated Intervals: From . . . 40 . . . ft. to . . . 60 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.																																													
Gravel Pack Intervals: From . . . 16 . . . ft. to . . . 60 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.																																													
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																													
Grouted Intervals: From . . . 6 . . . ft. to . . . 16 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.																																													
What is the nearest source of possible contamination: Septic System not installed at this time 4 Abandoned water well																																													
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines																																													
Direction from well . . . How many feet . . . ? Water Well Disinfected? Yes ☒ No																																													
Was a chemical/bacteriological sample submitted to Department? Yes . . . No ☒ If yes, date sample was submitted . . . month . . . day . . . year: Pump Installed? Yes ☒ No																																													
If Yes: Pump Manufacturer's name: Red Jacket Model No. 75 HP 3/4 Volts 230																																													
Depth of Pump Intake . . . 45 . . . ft. Pumps Capacity rated at . . . 18 . . . gal./min.																																													
Type of pump: ☒ 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other																																													
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on . . . 6 . . . month . . . 6 . . . day . . . 80 . . . year																																													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236																																													
This Water Well Record was completed on . . . 10 . . . month . . . 9 . . . day . . . 1980 . . . year under the business name of Harp Well & Pump by (signature) M. Arnold																																													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>14</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td>38</td> <td>Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>52</td> <td>Medium Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>52</td> <td>60</td> <td>Coarse Sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	3	Topsoil				3	14	Clay				14	38	Fine Sand				38	52	Medium Sand				52	60	Coarse Sand			
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Depth(s) Groundwater Encountered 1. . . 18 . . . ft. 2. . . ft. 3. . . ft. 4. . . ft. (Use a second sheet if needed)																																													
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																													

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