

2	WATER WELL OWNER:	Don Kaylor	
	RR#, St. Address, Box # :	P.O. Box 34	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Sedgwick, KS.	Application Number:

Depth(s) Groundwater Encountered 1. 25 ft. 2. 25 ft. 3. 25 ft.

WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr 10-31-85

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 11 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 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	9 Dewatering
	7 Lawn and garden only	10 Observation well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes XX No _____

Blank casing diameter . . . 5 . . . in. to . . . 40 . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.

Casing height above land surface . . . 12 . . . in. weight . . . 1.59 . . . lbs./ft. Wall thickness or gauge No. . . 203

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 40	ft. to 60	ft., From	ft. to	ft.
	From	ft. to	ft., From	ft. to	ft.
GRAVEL PACK INTERVALS:	From 14	ft. to 60	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 4 ft. to 14 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	None Apparent.....

Direction from well? _____

How many feet? _____

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-31-85 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 (mo/day/yr) 1-30-86 under the business name of Harp Well & Pump Service, Inc. by (signature) Maris Arnold

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.