

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>SEDGWICK 087</u>		<u>SW 1/4 NE 1/4 NE 1/4</u>		<u>15</u>		<u>T 26 S</u>		<u>R 3 E</u>	
Distance and direction from nearest town or city street address of well if located within city?									
<u>in town</u>									
2 WATER WELL OWNER: <u>SEDGWICK-ANDALE YARD</u>									
RR#, St. Address, Box # : <u>ANDALE, 248 S. MAIN</u>									
City, State, ZIP Code : <u>ANDALE, KS</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>54.25</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL <u>43.90</u> ft. below land surface measured on mo/day/yr							
		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 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		9 Dewatering	
		2 Irrigation		4 Industrial		7 Lawn and garden only		12 Other (Specify below)	
		Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes <u>No</u>							
5 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				Treaded <u>Treaded</u>	
Blank casing diameter <u>2</u> in. to <u>39.0</u> ft. Dia									
Casing height above land surface <u>0</u> in., weight								lbs./ft. Wall thickness or gauge No.	
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		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 <u>39.0</u> ft. to <u>54.0</u> ft.		From <u>39.0</u> ft. to <u>54.0</u> ft.		From <u>39.0</u> ft. to <u>54.0</u> ft.		From <u>39.0</u> ft. to <u>54.0</u> ft.		From <u>39.0</u> ft. to <u>54.0</u> ft.	
GRAVEL PACK INTERVALS:									
From <u>36.5</u> ft. to <u>54.25</u> ft.		From <u>36.5</u> ft. to <u>54.25</u> ft.		From <u>36.5</u> ft. to <u>54.25</u> ft.		From <u>36.5</u> ft. to <u>54.25</u> ft.		From <u>36.5</u> ft. to <u>54.25</u> ft.	
6 GROUT MATERIAL:									
1 Neat cement		2 Cement grout		3 Bentonite		4 Other			
Grout Intervals: From <u>0</u> ft. to <u>1.0</u> ft.		From <u>1.0</u> ft. to <u>32.5</u> ft.		From <u>32.5</u> ft. to <u>36.5</u> ft.		From <u>32.5</u> ft. to <u>36.5</u> ft.		From <u>32.5</u> ft. to <u>36.5</u> 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)	
Direction from well?									
How many feet?									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		5.0		TOPSOIL FILL BLACK ORGANIC					
5'		7'		CLAY DRK BROWN SANDY(F)					
7'		32'		CLAY REDDISH/BROWN SAND (F-M) SILTY					
32'		54.25		SAND F-M w/GRAVEL BROWN DRY					
				MOIST AT 40.0					
				WET AT 45.0					
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) <u>4-21-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>483</u> This Water Well Record was completed on (mo/day/yr) <u>9-1-94</u> under the business name of <u>TEST</u> by (signature) <u>Clay P. Oyer</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									