

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Seborga</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		<u>23</u>		T <u>27</u> S		R <u>1</u> <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>4144 W 2nd</u>									
2 WATER WELL OWNER: <u>Mr. Tiemyer</u>									
RR#, St. Address, Box # <u>4144 W. 2nd</u>									
City, State, ZIP Code <u>Wichita KS 67212</u>									
Board of Agriculture, Division of Water Resources									
Application Number: <u>none</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>37</u> ft.		ELEVATION: <u>1300</u>					
		Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. _____ ft. 3. _____ ft.		WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>9-23-98</u>					
		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 <u>9</u> in. to <u>17</u> ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS:		5 Public water supply		8 Air conditioning		11 Injection well	
		<u>1</u> Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering	
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well	
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:									
1 Steel									
3 RMP (SR)									
2 PVC <u>5</u>									
4 ABS									
7 Fiberglass									
8 Concrete tile									
CASING JOINTS: Glued <u>X</u> Clamped _____									
Welded _____									
Threaded _____									
Blank casing diameter _____ in. to <u>27</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel									
3 Stainless steel									
5 Fiberglass									
8 RMP (SR)									
2 Brass									
4 Galvanized steel									
6 Concrete tile									
9 ABS									
10 Asbestos-cement									
11 Other (specify) _____									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot									
3 Mill slot <u>27</u>									
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 <u>37</u>									
10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS:									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS:									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
<u>none</u>									
6 GROUT MATERIAL:									
1 Neat cement									
2 Cement grout <u>17</u>									
3 Bentonite									
4 Other _____									
Grout Intervals: 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 line									
6 Seepage pit									
9 Feedyard									
12 Fertilizer storage									
16 Other (specify below) _____									
13 Insecticide storage									
Direction from well? <u>East</u>									
How many feet? <u>15</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
<u>0</u>		<u>11</u>		<u>Top Soil</u>					
<u>11</u>		<u>21</u>		<u>Fine Tan Sand</u>					
<u>21</u>		<u>37</u>		<u>Coarse Tan Sand</u>					
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>9-23-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/yr) <u>9-23-98</u> under the business name of <u>Beardley Pump & Well</u> by (signature) <u>David Beale</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.									