

1 LOCATION OF WATER WELL:		FRACTION		SECTION NUMBER		TOWNSHIP NUMBER		RANGE NUMBER	
County: <u>Sedgwick</u>		<u>SW 1/4 NW 1/4 NW 1/4</u>		<u>25</u>		<u>T 27 S</u>		<u>R 1 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: <u>CHI 9109</u> <u>2 N Nevada</u> <u>Colorado Springs CO 80903</u>									
RR#, St. Address, Box # : City, State, ZIP Code : Board of Agriculture, Division of Water Resource Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>25'</u> ft. ELEVATION: _____							
N W E S -NW- -NE- -SW- -SE-		Depth(s) Groundwater Encountered <u>1 13.80</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>13.80</u> ft. below land surface measured on mo/day/yr <u>6/14/04</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ 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 <u>HAU-14R</u>							
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 _____ No <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 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded _____									
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>Flush</u> in, weight <u>SCH 40</u> 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 <u>Mill slot</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 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____									
Grout Intervals: From <u>1</u> ft. to <u>8</u> 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 <u>Other (specify below)</u> <u>contaminated site</u>									
Direction from well? _____ How many feet? _____									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0 4" Concrete</u>									
<u>4" 2" Clay silty firm</u>									
<u>2' 4" Clay hard damp</u>									
<u>4' 6" Clay very silty light brown</u>									
<u>6' 11" Clay very silty medium brown</u>									
<u>11' 16" Sand trace silt</u>									
<u>16' 25' Sand poorly sorted</u>									
<u>25' TD End of bore hole</u>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/13/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>7051</u> This Water Well Record was completed on (mo/day/yr) <u>6/14/04</u> under the business name of <u>HANDER</u> by (signature) <u>[Signature]</u>									
INSTRUCTIONS: Use typewriter or ballpoint pen. PLEASE FILL IN LESS 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.									