

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NE 1/4 SE 1/4 NE 1/4	35	T 27 S	R 1 W
Distance and direction from nearest town or city street address of well if located within city? approx 300' W of West St & South of SUMNER St.					
2 WATER WELL OWNER: FRED LIEBAU					
RR#, St. Address, Box # : 154 N. Topeka				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : Wichita, KS				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 40 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 15 ft. 2. 40 ft. 3. 40 ft.			
		WELL'S STATIC WATER LEVEL 15 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 10 in. to 40 in. to _____ ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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 _____ No X					
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 Threaded X					
Blank casing diameter 4 in. to 20 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.					
Casing height above land surface 12 in. weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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 20 ft. to 40 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 18 ft. to 40 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals: From 0 ft. to 16 ft. From 16 ft. to 18 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					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Clay			
15	40	Sand			Will be converted into vault at later date?
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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 581 This Water Well Record was completed on (mo/day/yr) 8-1-94 under the business name of Layne Inc by (signature) Steve R. Hatchell					
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.					

OFFICE USE ONLY

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