

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: SEDGWICK		NE 1/4 SE 1/4 SE 1/4	20 29		T 27S S	R 2W E/W
Distance and direction from nearest town or city street address of well if located within city? 1625 SUMMERWOOD; GODDARD						
2 WATER WELL OWNER: MARTHA BAZIL						
RR#, St. Address, Box # : 1625 SUMMERWOOD				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : GODDARD, KS				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 92 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 45 ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 45 ft. below land surface measured on mo/day/yr 9-13-03				
		Pump test date: 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 92 ft. and _____ in. to _____ ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)						
2 Irrigation 4 Industrial 7 <u>Lawn and garden (domestic)</u> 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes X No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded _____						
Blank casing diameter 5 in. to 92 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26						
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 60 ft. to 92 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 24 ft. to 92 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals From 4 ft. to 24 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 <u>Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well						
3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____						
13 Insecticide storage						
Direction from well? EAST How many feet? 40						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		TOPSOIL			
3	24		CLAY			
24	37		GREEN SHALE			
37	74		BLUE SHALE			
74	79		RED SHALE			
79	92		BLUE SHALE			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 9-13-03 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 611				This Water Well Record was completed on (mo/day/yr) 9-13-03		
under the business name of CHASE DRILLING				by (signature) RICK CHASE		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-295-5545. Send one to WATER WELL OWNER and retain one for your records.						

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