

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>SE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>28</u>	Township Number <u>T 27S S</u>	Range Number <u>R 2W E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1501 Cleary Ln</u>					
2 WATER WELL OWNER: <u>Nick Cordt</u> RR#, St. Address, Box # : <u>1501 Cleary Ln.</u> City, State, ZIP Code : <u>Goddard, 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>80</u> ft. ELEVATION: <u>80</u> ft.			
		Depth(s) Groundwater Encountered <u>23</u> ft. 2 <u>23</u> ft. 3 <u>310/05</u> ft. WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr <u>3/10/05</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 <u>Domestic (lawn & garden)</u> 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 <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Blank casing diameter <u>5</u> in. to <u>80</u> ft. Dia <u>160</u> in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>160</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile 7 PVC <u>8 RMP (SR)</u> 9 ABS 10 Asbestos-Cement 11 Other (Specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot <u>4 Key punched</u> 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ ft. 11 None (open hole)					
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <u>4 Other</u> Grout Intervals: From <u>4</u> ft. to <u>24</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 <u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage _____ Direction from well? <u>West</u> How many feet? <u>25</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	topsoil			
2	21	clay			
21	37	fine sand			
37	80	blue shale			
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>3/10/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>6011</u> This Water Well Record was completed on (mo/day/yr) <u>3/22/05</u> under the business name of <u>Chase Drilling</u> by (signature) <u>R Chase</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, 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.					