

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedawick</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>31</u>	T <u>27</u> S	R <u>3</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 S, Garden Plain</u>					
2 WATER WELL OWNER: <u>Tim A. Loehr</u>					
RR#, St. Address, Box # : <u>3540 S. 295th West</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Garden Plain KS. 67050</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>74</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>39</u> ft. 2. <u>68</u> ft. 3. <u>74</u> ft.			
		WELL'S STATIC WATER LEVEL <u>36</u> ft. below land surface measured on mo/day/yr <u>5-21-90</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>10</u> in. to <u>74</u> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 <u>Domestic</u> 3 <u>Feedlot</u> 6 <u>Oil field water supply</u> 9 <u>Dewatering</u> 11 <u>Injection well</u> 2 <u>Irrigation</u> 4 <u>Industrial</u> 7 <u>Lawn and garden only</u> 10 <u>Monitoring well</u> 12 <u>Other (Specify below)</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 <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:					
1 <u>Steel</u> 3 <u>RMP (SR)</u> 5 <u>Wrought iron</u> 8 <u>Concrete tile</u> CASING JOINTS: <u>Glued</u> Clamped _____ 2 <u>PVC</u> 4 <u>ABS</u> 6 <u>Asbestos-Cement</u> 9 <u>Other (specify below)</u> Welded _____ Blank casing diameter <u>5</u> in. to <u>44</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 <u>Steel</u> 3 <u>Stainless steel</u> 5 <u>Fiberglass</u> 8 <u>RMP (SR)</u> 10 <u>Asbestos-cement</u> 2 <u>Brass</u> 4 <u>Galvanized steel</u> 6 <u>Concrete tile</u> 9 <u>ABS</u> 11 <u>Other (specify)</u> _____ SCREEN OR PERFORATION OPENINGS ARE: 5 <u>Gauzed wrapped</u> 8 <u>Saw cut</u> 11 <u>None (open hole)</u> 1 <u>Continuous slot</u> 3 <u>Mill slot</u> 6 <u>Wire wrapped</u> 9 <u>Drilled holes</u> 2 <u>Louvered shutter</u> 4 <u>Key punched</u> 7 <u>Torch cut</u> 10 <u>Other (specify)</u> _____					
SCREEN-PERFORATED INTERVALS: From <u>44</u> ft. to <u>74</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>74</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 <u>Other Barriod-Hole Plug</u>					
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u> 4 <u>Lateral lines</u> 7 <u>Pit privy</u> 10 <u>Livestock pens</u> 14 <u>Abandoned water well</u> 2 <u>Sewer lines</u> 5 <u>Cess pool</u> 8 <u>Sewage lagoon</u> 11 <u>Fuel storage</u> 15 <u>Oil well/Gas well</u> 3 <u>Watertight sewer lines</u> 6 <u>Seepage pit</u> 9 <u>Feedyard</u> 12 <u>Fertilizer storage</u> 16 <u>Other (specify below)</u> 13 <u>Insecticide storage</u>					
Direction from well? <u>S</u> How many feet? <u>50</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil			
2	14	Clay			
14	40	Med. Sand - Clay Mixed			
40	74	Red Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>5-21-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>6-2-90</u> under the business name of <u>Eraig Roberts Co.</u> by (signature) <u>Eraig Roberts</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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