

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: <u>Sedgwick</u>		<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>31</u>	<u>T</u> <u>27</u> <u>S</u>	<u>R</u> <u>3</u> <u>EW</u>		
Distance and direction from nearest town or city street address of well if located within city? <u>529 Avenue D, Lot 13</u> <u>Garden Plain, Kansas</u>							
2 WATER WELL OWNER: <u>Mike Sponsel</u>							
RR#, St. Address, Box # : <u>529 Avenue D</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>Garden Plain, Kansas</u>			Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION:					
1 Mile		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.					
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>7-23-82</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>11</u> in. to _____ ft., and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well					
1 <u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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 3 <u>RMP (SR)</u>		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____			
2 PVC 4 <u>ABS</u>		6 Asbestos-Cement 9 Other (specify below)		Welded _____			
		7 Fiberglass		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>17</u> ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 11 Other (specify) _____		7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 <u>ABS</u> 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole)		6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <u>17</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.							
From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.							
From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____							
Grout Intervals: From <u>6</u> ft. to <u>16</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: <u>Well to be in basement</u> 10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage <u>None Apparent</u>							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard							
Direction from well? <u>Septic System not installed at this time.</u> How many feet? _____							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	3	Topsoil					
3	7	Clay					
7	17	Fine Sand					
17	65	Red 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>7-23-82</u> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>11-1-82</u>							
under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>M. Arnold</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

T 27

R

3

EW

SEC.

31

SW

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SW

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SE

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