

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Sedgwick</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>12</u>	T <u>27</u> S	R <u>4</u> <u>EW</u>		
Distance and direction from nearest town or city? <u>3 mi N 1/2 W of Garden Plains</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Loon Siewert</u>							
RR#, St. Address, Box # : <u>RR</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>Garden Plains, KS</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>85</u> ft. Bore Hole Diameter: <u>10</u> in. to <u>19</u> ft. and <u>5 1/2</u> in. to <u>85</u> ft.							
Well Water to be used as:							
5 Public water supply		8 Air conditioning		11 Injection well			
3 Feedlot		9 Dewatering		12 Other (Specify below)			
6 Oil field water supply		10 Observation well					
2 Irrigation 4 Industrial		7 Lawn and garden only					
Well's static water level <u>22</u> ft. below land surface measured on _____ month _____ day _____ year							
Pump Test Data : Well water was <u>5</u> ft. after <u>9</u> hours pumping <u>81</u> gpm							
Est. Yield <u>40</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
3 PVC		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
Blank casing dia <u>6</u> in. to <u>19</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing Joints: Glued _____ Clamped _____		Welded _____			
Casing height above land surface <u>12</u> in. weight <u>3.35</u> lbs./ft. Wall thickness or gauge No <u>160H</u>		8 Concrete tile		9 Other (specify below)			
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass		8 RMP (SR)			
1 Steel		3 Stainless steel		10 Asbestos-cement			
2 Brass		4 Galvanized steel		11 Other (specify)			
		6 Concrete tile		9 ABS			
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 Saw cut			
1 Continuous slot		3 Mill slot		9 Drilled holes			
2 Louvered shutter		4 Key punched		10 Other (specify)			
Screen-Perforation Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Torch cut		11 None (open hole)			
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		8 Wire wrapped					
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		9 ABS					
		10 Other (specify)					
5 GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other							
Grouted Intervals: From <u>4</u> ft. to <u>19</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool		7 Sewage lagoon			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
				10 Fuel storage			
				11 Fertilizer storage			
				12 Insecticide storage			
				13 Watertight sewer lines			
				14 Abandoned water well			
				15 Oil well/Gas well			
				16 Other (specify below)			
Direction from well <u>N</u> How many feet <u>60</u> ? Water Well Disinfected? Yes <u>X</u> No							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <u>X</u>							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>382</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Miller Water Well Service</u> by (signature) <u>Eva Miller</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>5</u>	<u>Reddish Silt</u>			
		<u>5</u>	<u>85</u>	<u>Red shale</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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EW

SEC

SW 1/4 SW 1/4 SE 1/4