

1 LOCATION OF WATER WELL:

County: Seagoville

Distance and direction from nearest town or city street address of well if located within city?
4403 S. Doris

Fraction
NW 1/4 NE 1/4 SW 1/4

Section Number
14

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER:

RR#, St. Address, Box # : _____
City, State, ZIP Code : _____

Township Number
T 28 S

Range Number
R 1 E/W N

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
N

-- NW --	-- NE --	
W	X	E
-- SW --	-- SE --	
	S	

4 DEPTH OF COMPLETED WELL 58 ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL 21 ft. below land surface measured on mo/day/yr. 6/16/06
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield. 20 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 7 Domestic (lawn & garden) 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes 1 No X; If yes, mo/day/yr
Sample was submitted _____ Water well disinfected? Yes X No _____

5 TYPE OF CASING USED:

1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass
Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or guage No. 160psi
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 5 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 48 ft. to 58 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 21 ft. to 58 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 3 ft. to 21 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 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? West How many feet? 14

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil			
1	8	clay			
8	20	fine sand			
20	27	clay			
27	48	fine sand			
48	58	med sand			

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) 6/16/06 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 6/16/06
under the business name of Wenger Drilling Inc. (signature) Michael Wenger
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. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.