

1 LOCATION OF WATER WELL: County: Sedgwick Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 4 Township Number: 28S Range Number: 2E																																					
Distance and direction from nearest town or city street address of well if located within city? 2345 S 183rd W 1/4 east 1/4 south - goldard																																					
2 WATER WELL OWNER: Chris Tubbers																																					
RR#, St. Address, Box # : City, State, ZIP Code :																																					
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 66 ft. ELEVATION: Depth(s) Groundwater Encountered 15 ft. 2 ft. WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 8-2001 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: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes X No																																					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 5 4 ABS Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or guage No. 60psi TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: 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 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) Direction from well? How many feet?																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>topsoil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>18</td><td>clay</td><td></td><td></td><td></td></tr><tr><td>18</td><td>25</td><td>fine sand</td><td></td><td></td><td></td></tr><tr><td>25</td><td>29</td><td>med sand</td><td></td><td></td><td></td></tr><tr><td>29</td><td>66</td><td>shale</td><td></td><td></td><td></td></tr></tbody></table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	topsoil				2	18	clay				18	25	fine sand				25	29	med sand				29	66	shale			
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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) 8-2001 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318 This Water Well Record was completed on (mo/day/yr) 8-2001 under the business name of Wininger Driveway Inc. by (signature) Elrich, George																																					
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, 1600 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.																																					

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BUREAU OF WATER