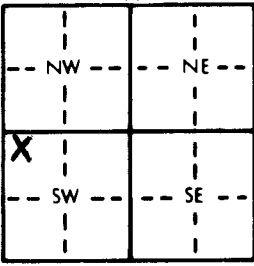


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>25</u>	T <u>28</u> S	R <u>3</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>SS. Geddard</u>					
2 WATER WELL OWNER: <u>David Owings</u>					
RR#, St. Address, Box # : <u>6000 S. 231st W.</u>					
City, State, ZIP Code : <u>Viola, KS, 67149</u>					
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: <u>92</u> ft. ELEVATION:			
N W E S 		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. <u>49</u> ft. 3. <u>86</u> ft.			
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>4-26-96</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>92</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> 12 <u>Other (Specify below)</u>					
2 <u>Irrigation</u> 4 <u>Industrial</u> 7 <u>Lawn and garden only</u> 10 <u>Monitoring well</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 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____					
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>5</u> in. to <u>42</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>SDA 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
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 <u>42</u> ft. to <u>92</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>92</u> 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 <u>Baroid-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 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) _____					
13 Insecticide storage _____					
Direction from well? <u>S.W.</u> How many feet? <u>200</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil			
3	21	Fine to Med. Sand			
21	92	Blue Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-26-96</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>5-10-96</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					