

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SW 1/4 SW 1/4 SW 1/4	12	T 28 S	R 3 E/W
Distance and direction from nearest town or city street address of well if located within city? 1 E 2 N Goddard					
2 WATER WELL OWNER: Duane Reynolds					
RR#, St. Address, Box # : Goddard, Ks. 67052					
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: 42 ft. ELEVATION:			
1 Mile		Depth(s) Groundwater Encountered 1. 17 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 16 ft. below land surface measured on mo/day/yr 3-23-93			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 9 in. to 42 in. to _____ in. to _____ in.			
		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 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was sub- mitted _____			
		Water Well Disinfected? <u>Yes</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 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
Blank casing diameter 5 in. to 25 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface 16 in., weight _____ lbs./ft. Wall thickness or gauge No. 210					
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) _____					
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					
3 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 25 ft. to 42 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 23 ft. to 42 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 23 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) _____					
13 Insecticide storage					
Direction from well? NE How many feet? 120					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		3-		soil	
3		8		clay	
8		12		fine dirty sand	
12		26		clay	
16		32		med sand	
32		42		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) 3-23-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 140 This Water Well Record was completed on (mo/day/yr) 4-10-93 under the business name of Lyman inc. by (signature) <i>[Signature]</i>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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