

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <u>Sedgwick</u>		<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>5</u>		<u>T 28 S</u>		<u>R 4 EW</u>	
Distance and direction from nearest town or city street address of well if located within city?								
<u>City</u>								
2 WATER WELL OWNER: <u>Marrin Watkins</u>								
RR#, St. Address, Box # : <u>518 Shadybrook</u>								
City, State, ZIP Code : <u>Cheney, KS. 67025</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>66</u> ft. ELEVATION: <u>60</u> ft.					
			Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. <u>25</u> ft. 3. <u>60</u> ft.					
			WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>3-25-99</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>66</u> ft., and _____ in. to _____ ft.					
			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 <u>Lawn and garden only</u> 10 Monitoring well					
			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		
2 <u>PVC</u>			4 ABS			6 Asbestos-Cement		
						7 Fiberglass		
Blank casing diameter <u>5</u> in. to <u>30</u> in.						8 Concrete tile		
Casing height above land surface <u>18</u> in.						9 Other (specify below)		
						CASING JOINTS: <u>Glued</u> _____ Clamped _____		
						<u>Welded</u> _____		
						<u>Threaded</u> _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel			3 Stainless steel			7 <u>PVC</u>		
2 Brass			4 Galvanized steel			8 RMP (SR)		
						10 Asbestos-cement		
						11 Other (specify) _____		
						12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot			3 Mill slot			5 Gauzed wrapped		
2 Louvered shutter			4 Key punched			8 <u>Saw cut</u>		
						9 Drilled holes		
						10 Other (specify) _____		
						11 None (open hole)		
SCREEN-PERFORATED INTERVALS:								
From <u>36</u> ft. to <u>66</u> ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:								
From <u>24</u> ft. to <u>36</u> ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
From _____ ft. to _____ ft.			From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
6 GROUT MATERIAL:								
1 Neat cement			2 Cement grout			3 <u>Bentonite</u>		
4 Other								
Grout Intervals: From <u>0</u> ft. to <u>24</u> ft.								
What is the nearest source of possible contamination:								
1 Septic tank			4 Lateral lines			7 Pit privy		
2 Sewer lines			5 Cess pool			8 Sewage lagoon		
3 <u>Watertight sewer lines</u>			6 Seepage pit			9 Feedyard		
						10 Livestock pens		
						11 Fuel storage		
						12 Fertilizer storage		
						13 Insecticide storage		
						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>								
LITHOLOGIC LOG								
FROM	TO			FROM	TO	PLUGGING INTERVALS		
0	3	Soil						
3	11	Clay						
11	18	Fine Sand						
18	21	Clay						
21	23	Med. Sand						
23	66	Red 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>3-25-99</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>4-16-99</u>								
under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>								
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.								