

1 LOCATION OF WATER WELL:

County: Sedgwick

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

1/4

2 WATER WELL OWNER:

RR#, Street Address, Box #: 564 E Bob White Ct

City, State, ZIP Code: Cheney, KS

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N

W

E

S

[-----] 1 mile [-----]

4 DEPTH OF COMPLETED WELL

80

ft.

Depth(s) Groundwater Encountered (1).....ft. (2).....ft. (3).....ft.

WELL'S STATIC WATER LEVEL.....33.....ft. below land surface measured on mo/day/yr.....

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.....13.....in. to.....ft., and.....in. to.....ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well

☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)

☐ Irrigation ☐ Industrial ☒ Domestic-lawn & garden ☐ Monitoring well

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED:

☐ Steel ☒ PVC ☐ Other

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter.....5.....in. to.....80.....ft., Diameter.....in. to.....ft., Diameter.....in. to.....ft.

Casing height above land surface.....16.....in., Weight.....160.....lbs./ft., Wall thickness or gauge No.26.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify)

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)

SCREEN-PERFORATED INTERVALS: From.....40.....ft. to.....80.....ft., From.....ft. to.....ft.

From.....ft. to.....ft., From.....ft. to.....ft.

GRAVEL PACK INTERVALS: From.....24.....ft. to.....80.....ft., From.....ft. to.....ft.

From.....ft. to.....ft., From.....ft. to.....ft.

6 GROUT MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Intervals: From.....4.....ft. to.....24.....ft., From.....ft. to.....ft., From.....ft. to.....ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)

☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well

☒ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well.....North..... Distance from well.....18.....

FROM

TO

LITHOLOGIC LOG

FROM

TO

LITHO. LOG (cont.) or PLUGGING INTERVALS

0

2

Top soil

2

21

Clay

21

33

Med Sand

33

80

Red Shale

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged

under my jurisdiction and was completed on (mo/day/year).....4/11/11..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/year).....5/6/11.....

under the business name of Chase Drilling by (signature).....D. Chase.....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.