

1 LOCATION OF WATER WELL

County: Sedgwick

Fraction: SW 1/4 SW 1/4 SE 1/4

Section Number: 18

Township Number: T 28 S

Range Number: R 4 E

Distance and direction from nearest town or city street address of well if located within city?
2 S. Cheney

2 WATER WELL OWNER: Scott Sowers

RR#, St. Address, Box #: Box 232

City, State, ZIP Code: Cheney, KS 67025

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

1 Mile

N

W

E

S

NW

NE

SW

SE

X

4 DEPTH OF COMPLETED WELL: 74 ft. ELEVATION: 74 ft.

Depth(s) Groundwater Encountered 1. 19 ft. 2. 30 ft. 3. 62 ft.

WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 4-24-98

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: 10 in. to 74 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 Lawn and garden only

10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

2 PVC

4 ABS

7 Fiberglass

CASING JOINTS: Glued

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 gauge No. SDR26

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)

12 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

10 Other (specify)

SCREEN-PERFORATED INTERVALS:

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

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 _____ ft. to _____ ft. 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)

13 Insecticide storage

Direction from well? S.E.

How many feet? 200

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 3

3 74

Soil

Red Shale

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) 4-24-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 395 This Water Well Record was completed on (mo/day/yr) 4-27-98 under the business name of Craig Roberts Co. by (signature) Craig Roberts

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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.