

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number			
County: <u>Sedgwick</u>		<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		<u>5</u>		T <u>28</u> S		R <u>4</u> EW			
Distance and direction from nearest town or city street address of well if located within city? <u>City</u>											
2 WATER WELL OWNER: <u>Chas. Beavers</u>											
RR#, St. Address, Box #: <u>Box 593</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>74</u> ft. ELEVATION: <u>68</u> ft.									
		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. <u>50</u> ft. 3. <u>68</u> ft.									
		WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr <u>4-6-92</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>74</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 <u>7 Lawn and garden only</u> 10 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 BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> _____ Clamped _____											
2 PVC 4 ABS 7 Fiberglass _____ Welded _____											
Blank casing diameter <u>5</u> in. to <u>44</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>SDR26</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 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 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>44</u> ft. to <u>74</u> ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>74</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 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 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____											
13 Insecticide storage _____											
Direction from well? <u>E.</u> How many feet? <u>45</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
<u>0</u>		<u>2</u>		<u>Soil</u>							
<u>2</u>		<u>14</u>		<u>Clay</u>							
<u>14</u>		<u>21</u>		<u>Med. Sand</u>							
<u>21</u>		<u>74</u>		<u>Red Shale</u>							
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>4-6-92</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>4-20-92</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.											