

COPY - 15 (Blue)

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>2</u>	<u>T 29 S</u>	<u>R 1 NW</u>
Distance and direction from nearest town or city? <u>1 mile West of Haysville</u>			Street address of well if located within city? <u>39th West</u>		

2 WATER WELL OWNER: <u>City of Haysville</u>		Well No. <u>7</u> (TH 2-81)
RR#, St. Address, Box #: <u>Haysville, Kansas 67060</u>		Board of Agriculture, Division of Water Resources
City, State, ZIP Code		Application Number: <u>31895</u>

3 DEPTH OF COMPLETED WELL: <u>85</u> ft. Bore Hole Diameter: <u>38</u> in. to _____ ft., and _____ in. to _____ ft.	
Well Water to be used as:	
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
5 Public water supply	6 Oil field water supply
7 Lawn and garden only	8 Air conditioning
9 Dewatering	10 Observation well
11 Injection well	12 Other (Specify below)
Well's static water level: <u>37</u> ft. below land surface measured on _____ month <u>4</u> day <u>17</u> year	
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm	
Est. Yield: <u>500</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded <u>X</u>
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>12</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface: <u>36</u> in., weight <u>43.77</u> lbs./ft. Wall thickness or gauge No. <u>330</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
Screen or Perforation Openings Are:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	
Screen-Perforation Dia: <u>12</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		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.				

5 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite <u>clay</u> other
Grouted 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 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
Direction from well: <u>North</u>		How many feet: <u>8000</u>	Water Well Disinfected? Yes <u>X</u> No _____	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, date sample was submitted _____ month _____ day _____ year		
If Yes: Pump Manufacturer's name: <u>Layne</u>		Model No. <u>98EH</u>	HP <u>20</u>	Volts <u>460</u>
Depth of Pump Intake: <u>73</u> ft.		Pumps Capacity rated at _____ gal. min.		
Type of pump:		1 Submersible	2 Turbine	3 Jet
		4 Centrifugal	5 Reciprocating	6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year				
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u>				
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Layne Western Co., Inc.</u> by (signature) <u>[Signature]</u>				

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Top soil			
	3	5	Gray clay			
	5	10	Gray & tan clay			
	10	20	Med. sand			
	20	25	Med.-co sand/clay			
	25	30	Med. - fine sand			
	30	35	Med. sand			
	35	60	Co. sand; med. gr			
	60	70	Med.-co. sand			
	70	85	Med-co.sand/med. gr.			
	85	86	Tan clay			
ELEVATION: _____						

Depth(s) Groundwater Encountered 1. <u>37</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.		(Use a second sheet if needed)
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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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC.

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SE 1/4 SE 1/4 SE 1/4