

1 LOCATION OF WATER WELL:		Fraction <u>NE SW NW</u>		Section Number <u>25</u>		Township Number <u>29S</u> S		Range Number <u>2W</u> EW	
County: SEDGWICK		<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$							
Distance and direction from nearest town or city street address of well if located within city? 440 STREAMSIDE, CLEARWATER									
2 WATER WELL OWNER: RICHARD VOGEL									
RR#, St. Address, Box #: 440 STREAMSIDE									
City, State, ZIP Code: CLEARWATER, KS									
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>40</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <u>22</u> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>9-15-03</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>40</u> in. and _____ in. to _____ in.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 <u>Lawn and garden (domestic)</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) 6 Asbestos-Cement 9 Other (specify below) Welded _____									
2 <u>PVC</u> 4 ABS 7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 <u>PVC</u> 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 <u>Mill slot</u> 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 <u>30</u> ft. to <u>40</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>40</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____									
Grout intervals From <u>4</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 <u>Septic tank</u> 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) _____									
Direction from well? NORTH How many feet? <u>100</u>									
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/yr) <u>9-15-03</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/yr) <u>9-15-03</u>									
under the business name of CHASE DRILLING by (signature) RICK CHASE									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-3545. Send one to WATER WELL OWNER and retain one for your records.									

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