

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>16</u>	<u>T 29 S</u>	<u>R 2 EW</u>
Distance and direction from nearest town or city? <u>2 1/2 MILE N 1/2 WEST</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>HAROLD, R. LEE</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #: <u>R 2 BOX 30A1</u>			Application Number: <u>8</u>		
City, State, ZIP Code: <u>CLEARWATER, KANSAS 67026</u>					
3 DEPTH OF COMPLETED WELL: <u>35</u> ft. Bore Hole Diameter: <u>3 1/2</u> in. to <u>35</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		12 Other (Specify below)	
6 Oil field water supply		9 Dewatering		<u>TEST</u>	
2 Irrigation		4 Industrial		10 Observation well	
7 Lawn and garden only					
Well's static water level: <u>NONE</u> ft. below land surface measured on <u>TAPE</u> month <u>SEPTEMBER</u> day <u>20</u> - <u>1979</u> year					
Pump Test Data					
Est. Yield		Well water was _____ ft. after _____ hours pumping		gpm	
gpm		Well water was _____ ft. after _____ hours pumping		gpm	
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				Casing Joints: Glued _____ Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos cement	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other		<u>SHALE AND CLAY</u>			
Grouted Intervals: 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	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well: <u>N.E.</u> How many feet: <u>125</u> ? Water Well Disinfected? Yes _____ No <u>X</u>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No _____					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ 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 <u>SEPTEMBER</u> month <u>20</u> day <u>1979</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>404</u>					
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>HAROLD R. LEE, WELL DRILLING</u> by (signature) <u>Harold R Lee</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 3 SOIL			
		9 10 SHALE			
		10 12 CLAY			
		12 25 SHALE			
ELEVATION:					
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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.