

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number			
County: <u>SEDGWICK</u>		<u>N.E. 1/4 N.E. 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 MILES, N, 3/4 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>R2 BOX 30A1</u>			Application Number: <u>X</u>					
City, State, ZIP Code: <u>CLEARWATER KANSAS 67026</u>								
3 DEPTH OF COMPLETED WELL: <u>30</u> ft. Bore Hole Diameter: <u>2</u> in. to <u>30</u> ft., and _____ in. to _____ ft.								
Well Water to be used as:								
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well			
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)			
			7 Lawn and garden only	10 Observation well	<u>TEST</u>			
Well's static water level <u>NONE</u> ft. below land surface measured on <u>TAPE</u> month <u>JULY</u> day <u>28</u> - <u>1979</u> year								
Pump Test Data								
Est. Yield		gpm:	Well water was	ft. after	hours pumping			
			Well water was	ft. after	hours pumping			
4 TYPE OF BLANK CASING USED:								
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued _____ Clamped _____			
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____			
			7 Fiberglass		Threaded _____			
Blank casing dia _____ 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 _____								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
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:								
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				
			7 Torch cut	10 Other (specify)				
Screen-Perforation Dia _____ 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	4 Other	<u>SHALE AND CLAY</u>			
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	11 Fertilizer storage	15 Oil well/Gas well			
2 Sewer lines		5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)			
3 Lateral lines		6 Pit privy	9 Livestock pens	13 Watertight sewer lines				
Direction from well <u>SW</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 _____ month _____ day _____ year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4104</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 A Lee</u>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:								
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	4	SOIL				
		4	12	SHALE				
		12	14	CLAY				
		14	30	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.