

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 SW 1/4 SE 1/4</u>	<u>23</u>	<u>T 29 S</u>	<u>R 2 W</u>
Distance and direction from nearest town or city?			Street address of well if located within city?		
			<u>133 N GORIN CLEARWATER KANS</u>		
2 WATER WELL OWNER: <u>PAUL E DWYER</u>					
RR#, St. Address, Box #: <u>133 N GORIN</u>					
City, State, ZIP Code: <u>CLEARWATER KANS</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 DEPTH OF COMPLETED WELL: <u>51</u> ft. Bore Hole Diameter <u>8</u> in. to <u>51</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)
		<u>7 Lawn and garden only</u>	10 Observation well		
Well's static water level: <u>30</u> ft. below land surface measured on _____ month _____ day _____ year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: <u>Glued</u> _____ Clamped _____
<u>2 PVC</u>		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass	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. <u>214</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	11 Other (specify) _____
					12 None used (open hole)
Screen or Perforation Openings Are:					
1 Continuous slot		<u>3 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	
			7 Torch cut	10 Other (specify) _____	
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		<u>2 Cement grout</u>	3 Bentonite	4 Other _____	
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	10 Fuel storage	14 Abandoned water well
<u>2 Sewer lines</u>		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>25</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: Pump Installed? Yes _____ No <u>X</u>					
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>402</u>					
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>MEMILLAN WATER WELL</u> by (signature) <u>Glenn E. Millan</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		<u>0</u>	<u>24</u>	<u>SANDY LOAM</u>	
		<u>24</u>	<u>51</u>	<u>SAND</u>	
		<u>51</u>		<u>CLAY</u>	
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>24</u> 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.