

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section Number <u>36</u>	Township Number <u>T 29 S</u>	Range Number <u>R 4 E</u>
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Distance and direction from nearest town or city street address of well if located within city?

1 1/4 E, 3/4 S, Anness

2 WATER WELL OWNER: <u>Don Ewing</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>11745 S. 311W.</u>	Application Number:
City, State, ZIP Code: <u>Vic, KS. 67149</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>90</u> ft. ELEVATION: <u>62</u> ft. 3. <u>84</u> ft.
	Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. <u>62</u> ft. 3. <u>84</u> ft.
	WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>7-28-93</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>90</u> ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS:	
1 <u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)	
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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 <u>PVC</u>	4 ABS	7 Fiberglass	_____
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface: <u>18</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR26</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 <u>PVC</u>
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 <u>Saw cut</u>
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-PERFORATED INTERVALS:		From <u>70</u> ft. to <u>90</u> ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>90</u> ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u>Baroid Hole Plug</u>
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:		10 Livestock pens	14 <u>Abandoned water well</u>	
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well? <u>S</u>		How many feet? <u>150</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Soil			
1	19	Clay			
19	90	Red Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-28-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) <u>8-17-93</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>
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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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5546. Send one to WATER WELL OWNER and retain one for your records.