

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Sumner</u>		<u>NW 1/4 SW 1/4 SW 1/4</u>	<u>22</u>	T <u>30</u> S	R <u>3</u> <u>EW</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/4 N. Conway Springs</u>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box # : <u>RT. 1 Box 69</u>		Application Number:							
City, State, ZIP Code : <u>Conway Springs, KS. 67031</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION: <u>40</u> ft. 3. <u>40</u> ft. 3. <u>40</u> ft. 3.							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. <u>40</u> ft. 3. <u>40</u> ft. 3.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr <u>3-30-94</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>48</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 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only 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:		CASING JOINTS: <u>Glued</u> _____ Clamped _____							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		Welded _____							
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Threaded _____							
7 Fiberglass									
Blank casing diameter <u>5</u> in. to <u>28</u> 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>SDR 26</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		12 None used (open hole)							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS									
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)							
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		10 Other (specify) _____							
2 Louvered shutter 4 Key punched 7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <u>28</u> ft. to <u>48</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>48</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ 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 <u>3</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		16 Other (specify below)							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well? <u>W</u>		How many feet? <u>150</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	2	Soil							
2	12	Clay							
12	25	Fine to Med. Sand							
25	48	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>3-30-94</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>6-7-94</u> under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>									
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									