

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Sumner</u> Fraction <u>SW ¼ SE ¼ SE ¼</u>		Section Number <u>4</u> Township Number <u>T 30 S</u> Range Number <u>R 4 E W</u>																																																																												
Distance and direction from nearest town or city street address of well if located within city? <u>1617 W. 140th Ave N.</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																												
2 WATER WELL OWNER: <u>Jack Kasner</u> RR#, St. Address, Box # : <u>1617 W. 140th Ave N.</u> City, State, ZIP Code : <u>Milton, KS</u>																																																																														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF COMPLETED WELL <u>60</u> ft. Depth(s) Groundwater Encountered (1)..... <u>16</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>16</u> ft. below land surface measured on mo/day/yr..... <u>9/13/05</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic (lawn & garden) <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____ Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No																																																																													
5 TYPE OF CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <input checked="" type="radio"/> PVC 2 Brass 3 RMP (SR) 4 ABS 5 Fiberglass </div> <div> 6 Asbestos-Cement 7 Concrete tile 8 Other (specify below) _____ </div> <div> CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded..... </div> </div> Blank casing diameter <u>5</u> in. to <u>60</u> ft., Diameter <u>160</u> in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface..... <u>16</u> in., weight..... <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 Stainless Steel 3 Fiberglass 4 RM (SR) </div> <div> 5 ABS 6 Other (Specify) 7 None used (open hole) </div> </div> SCREEN OR PERFORATION OPENINGS ARE: <div style="display: flex; justify-content: space-between;"> <div> 1 Continuous slot 2 Mill slot 3 Louvered shutter 4 Key punched 5 Guazed wrapped 6 Wire wrapped </div> <div> 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) 11 None (open hole) </div> </div> SCREEN-PERFORATED INTERVALS: From..... <u>40</u> ft. to..... <u>60</u> ft., From..... ft. to..... ft. From..... <u>24</u> ft. to..... <u>60</u> ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From..... <u>24</u> ft. to..... <u>60</u> ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.																																																																														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other Grout Intervals: From..... <u>4</u> ft. to..... <u>24</u> ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> Septic tank 2 Sewer lines 3 Watertight sewer lines </div> <div> 4 Lateral lines 5 Cess pool 6 Seepage pit </div> <div> 7 Pit privy 8 Sewage lagoon 9 Feedyard </div> <div> 10 Livestock pens 11 Fuel storage 12 Fertilizer Storage </div> <div> 13 Insecticide Storage 14 Abandoned water well 15 Oil wll/gas well </div> <div> 16 Other (specify below) _____ </div> </div> Direction from well? <u>South</u> How many feet? <u>70</u>																																																																														
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>9/13/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>611</u> This Water Well Recorded was completed on (mo/day/year) <u>9/23/05</u> Under the business name of <u>Chase Drilling</u> by (signature) <u>R. Chase</u>																																																																														
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																																																																														