

1 LOCATION OF WATER WELL: County: <b>Seward</b>		Fraction: <b>NW ¼ NW ¼ NW ¼</b>		Section Number: <b>33</b>	Township Number: <b>T 34 S</b>	Range Number: <b>R 34 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>6 West &amp; 1 South &amp; 1/4 East</b>						
2 WATER WELL OWNER: RR#, St. Address, Box # : _____ City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources Application Number: _____						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>660</b> ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered 1 <b>210</b> ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>210</b> ft. below land surface measured on mo/day/yr <b>8/8/05</b>				
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 <b>26</b> in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 <u>Irrigation</u> 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <b>X</b> No _____						
5 TYPE OF BLANK CASING USED:						
1 <u>Steel</u>		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
				7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
						Welded _____
						Threaded _____
Blank casing diameter <b>16</b> in. to <b>660</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <b>.250</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 <u>Steel</u>		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
						9 ABS
						10 Asbestos-cement
						11 Other (specify) _____
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 <u>Mill slot</u>		5 Gauzed wrapped		8 Saw cut
2 <u>Louvered shutter</u>		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 Other (specify) _____
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <b>380</b> ft. to <b>420</b> ft. From <b>460</b> ft. to <b>500</b> ft.						
From <b>540</b> ft. to <b>580</b> ft. From <b>620</b> ft. to <b>660</b> ft.						
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>660</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____						
Grout Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
						14 Abandoned water well
						15 Oil well/ Gas well
						16 Other (specify below)
						<b>None observed</b>
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20		<b>Topsoil &amp; sandy clay</b>	540	650	<b>Fine sand &amp; a little clay</b>
20	40		<b>Fine sand &amp; sandy clay</b>	650	660	<b>Clay &amp; redbed</b>
40	80		<b>Brown sandy clay</b>			
80	100		<b>Fine sand</b>			
100	160		<b>Brown sandy clay</b>			
160	220		<b>Fine to med sand &amp; a little clay</b>			
220	250		<b>Sand, fine to med; sandy clay</b>			
250	255		<b>Red clay</b>			
255	260		<b>Caliche</b>			
260	320		<b>Sandy clay &amp; a little sand</b>			
320	330		<b>Sand, fine</b>			
330	360		<b>Caliche</b>			
360	480		<b>Fine to med sand &amp; a little clay</b>			
480	540		<b>Sand, fine &amp; rock ledges</b>			
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/yr) <b>8/05/05</b> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <b>473</b> This Water Well Record was completed on (mo/day/yr) <b>8/10/05</b>						
under the business name of <b>Tyler Water Well Service Inc</b> by (signature) _____						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.						

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