

LOCATION OF WATER WELL  
 County: Sg Fraction: NW 1/4 NW 1/4 NE 1/4 Section Number: 19 Township Number: T 25 S Range Number: R 1 E/W

Distance and direction from nearest town or city? 2 North 1/2 East, Valley Center  
 Street address of well if located within city?

WATER WELL OWNER: Orville Kline  
 RR#, St. Address, Box #: Rt 1  
 City, State, ZIP Code: Sedgwick  
 Board of Agriculture, Division of Water Resources  
 Application Number:

DEPTH OF COMPLETED WELL: 80 ft. Bore Hole Diameter: 1.1 in. to . . . . . 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)  
 7 Lawn and garden only    10 Observation well

Well's static water level: 18 ft. below land surface measured on 4 month 18 day 80 year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield 20 gpm: Well water was 40 ft. after 1/2 hours pumping 15 gpm

TYPE OF BLANK CASING USED:  
 1 Steel     3 BMP (SR)    5 Wrought iron    8 Concrete tile    Casing Joints:  Glued    . . . . . Clamped . . . . .  
 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)     Welded . . . . .  
 7 Fiberglass    . . . . . Threaded . . . . .

Blank casing dia: 5 in. to 25 in. Dia . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: 10 in., weight 1.50 lbs./ft. Wall thickness or gauge No: 200

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel    3 Stainless steel    5 Fiberglass     8 BMP (SR)    10 Asbestos-cement    11 Other (specify) . . . . .  
 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)

Screen or Perforation Openings Are:  
 1 Continuous slot     3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole)  
 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes

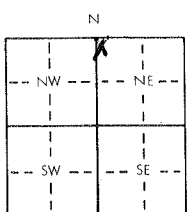
Screen-Perforation Dia: 5 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From 25 ft. to 80 ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 13 ft. to 80 ft., From . . . . . ft. to . . . . . ft.

GROUT MATERIAL:  1 Neat cement     2 Cement grout    3 Bentonite    4 Other . . . . .  
 Grouted Intervals: From 3 ft. to 13 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  
 2 Sewer lines    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: East How many feet: 100 ? Water Well Disinfected?  Yes     No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No  No If yes, date sample submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes  X    No  
 If Yes: Pump Manufacturer's name: McDonald Model No. 12501 HP 3/4 Volts 220  
 Depth of Pump Intake: 60 ft. Pumps Capacity rated at: 12 gal./min.  
 Type of pump:  1 Submersible    2 Turbine    3 Jet    4 Centrifugal    5 Reciprocating    6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 4 month 18 day 80 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318  
 This Water Well Record was completed on 6 month 29 day 80 year under the business name of Weninger Drilling by (signature) Donald Weninger

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>2</u>	<u>Top Soil</u>			
	<u>2</u>	<u>21</u>	<u>Red Clay</u>			
	<u>21</u>	<u>29</u>	<u>Fine Sand</u>			
	<u>29</u>	<u>80</u>	<u>Charcoal Shale</u>			

ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. . . . . 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.