

LOCATION OF WATER WELL
 County: SEDGWICK Fraction SW 1/4 NW 1/4 SW 1/4 Section Number 29 Township Number T 25 S Range Number R 1 E

Distance and direction from nearest town or city? 1 East 1/4 No Valley Center KS Street address of well if located within city? 420 Elm

WATER WELL OWNER: DAVE PAHL
 RR#, St. Address, Box #: 420 Elm
 City, State, ZIP Code: Valley Center KS
 Board of Agriculture, Division of Water Resources
 Application Number:

DEPTH OF COMPLETED WELL: 65 ft. Bore Hole Diameter: 1 1/2 in. to _____ ft. and _____ in. to _____ ft.

Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 10 Observation well 9 Dewatering 12 Other (Specify below)
 Well's static water level: 380 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: Well water was 60 ft. after 3 1/2 hours pumping 20 gpm
 Est. Yield 21 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (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 5 1/2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 1.59 lbs./ft. Wall thickness or gauge No. SPR-26

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 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
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 5 1/2 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 12 ft. to 65 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 2 ft. to 12 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well: SW How many feet: 80? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No _____
 Yes: Pump Manufacturer's name: F+W Model No. CHC10 HP 1 Volts 220
 Depth of Pump Intake: 62 ft. Pumps Capacity rated at 27 gpm 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 _____ month _____ day _____ 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 _____ month _____ day _____ year under the business name of WENINGER Drilling by (signature) J. 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>34</u>	<u>Red clay</u>			
	<u>34</u>	<u>39</u>	<u>Charcoal clay</u>			
	<u>39</u>	<u>50</u>	<u>fine to med sand</u>			
	<u>50</u>	<u>65</u>	<u>Charcoal clay</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.