

ID No. _____

1 LOCATION OF WELL:		Fraction	Section Number		Township Number	Range Number	
County: SEDGWICK		SE NW SE SW ¼ ¼ ¼	20		T 26 S	R 1E E/W	
Distance and direction from nearest town or city street address of well if located within city? 800 W. 46 N.							
2 WATER WELL OWNER: MARIE CLEVENGER							
RR#, St. Address, Box # : 800 W. 46 N.				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : WICHITA, KS 67204				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 43 ft. ELEVATION:					
<div style="text-align: center;">N ┌───┐ │ │ │ -NW- -NE- │ │ │ W └───┘ E │ │ │ -SW- -SE- │ │ │ S</div>		Depth(s) Groundwater Encountered _____ ft. WELL'S STATIC WATER LEVEL 27 ft. below land surface measured on mo/day/yr 7-21-06 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: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yrs sample was submitted _____ Water Well Disinfected? Yes X No _____					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 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 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: 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: CEMENT Hole Plug Grout Intervals: From _____ ft. to _____ 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 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) Direction from well? NORTHEAST How many feet? 59'							
FROM		TO		LITHOLOGIC LOG		PLUGGING INTERVALS	
						COMPACTED TOP SOIL	
						12" THICK X 24" DIAMETER	
						CEMENT CAP	
						CEMENT HOLE PLUG	
						CHLORINATED SAND & GRAVEL	
						HOLE PLUG	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-27-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No _____ This Water Well Record was completed on (mo/day/yr) _____ by (signature) [Signature] under the business name of _____							
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.							