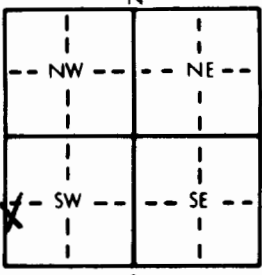


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction: <u>NW 1/4 SW 1/4 SW 1/4</u> Section Number: <u>6</u> Township Number: <u>T 26 S</u> Range Number: <u>R 1 E</u>

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Carl Schwind</u> RR#, St. Address, Box #: <u>7140 N. Meridian</u> City, State, ZIP Code: <u>Valley Center KS 67147</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: <u>3-9-93</u> Depth(s) Groundwater Encountered: <u>15</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL: <u>15</u> ft. below land surface measured on mo/day/yr 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: _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No <u>X</u>
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5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS Blank casing diameter: <u>5</u> in. to <u>42</u> ft., Dia. <u>2.6</u> in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface: <u>12</u> in., weight <u>2.6</u> lbs./ft. Wall thickness or gauge No. <u>160PVC</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 2 Mill slot <input type="checkbox"/> 3 Gauzed wrapped <input type="checkbox"/> 4 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>42</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____
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6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage Direction from well? <u>East</u> How many feet? <u>120'</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil			
2	9	clay			
9	26	med sand			
26	27	clay			
27	48	med sand			
48	50	blue clay-shale			

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) <u>3-9-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>718</u> This Water Well Record was completed on (mo/day/yr) <u>3-10-93</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Susan B. Weninger</u>
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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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.