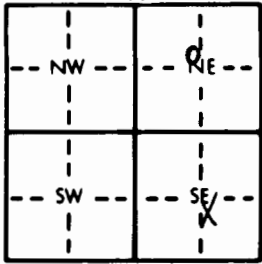


| | | | | | |
|--|--|---|--|---------------------------------------|------------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Sedgewick</u> | | Fraction: <u>1/4</u> <u>SE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> | Section Number: <u>29</u> | Township Number: <u>T 26</u> <u>S</u> | Range Number: <u>R 1</u> <u>EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>SEE BELOW</u> | | | | | |
| 2 WATER WELL OWNER: <u>David Ediger</u> RR#, St. Address, Box #: <u>329 W. 43 N.</u> City, State, ZIP Code: <u>WINNA KS</u> | | | 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: <u>23</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. <u>11-5-93</u> ft. WELL'S STATIC WATER LEVEL _____ 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: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial </div> <div> <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below) </div> </div> 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 _____ | | | |
| 5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS </div> <div> <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) </div> <div> <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) </div> </div> Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel </div> <div> <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS </div> <div> <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) </div> </div> SCREEN OR PERFORATION OPENINGS ARE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched </div> <div> <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut </div> <div> <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11 None (open hole) </div> </div> 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 <u>Cement grout</u> 3 Bentonite 4 Other _____ Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>below</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input checked="" type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit </div> <div> <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) </div> </div> Direction from well? <u>South</u> How many feet? <u>3 ft.</u> | | | | | |
| FROM | | TO | | LITHOLOGIC LOG | |
| FROM | | TO | | PLUGGING INTERVALS | |
| | | | | 23 6 Sand & gravel | |
| | | | | 6 0 cement. | |
| <p style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5;">Well to close to sewer lines.</p> | | | | | |
| 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>11-5-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>11-9-93</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Susan Weninger</u> | | | | | |
| 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. | | | | | |

OFFICE USE ONLY

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