

1 LOCATION OF WATER WELL		Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>		Section Number <u>29</u>		Township Number <u>T 26 S</u>		Range Number <u>R 1 E/W</u>																																											
County: <u>Sedgwick</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>Mike Patterson</u>																																																			
RR#, St. Address, Box # : <u>4200 N. Seneca</u>						Board of Agriculture, Division of Water Resources																																													
City, State, ZIP Code : <u>Nichita, KS 67204</u>						Application Number:																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>43</u> ft. ELEVATION:																																																
			Depth(s) Groundwater Encountered <u>13</u> ft. 2. ft. 3. ft.																																																
			WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on <u>1-1-95</u>																																																
			Pump test data: Well water was <u>13</u> ft. after <u>1/2</u> hours pumping <u>25</u> gpm																																																
			Est. Yield <u>30</u> gpm; Well water was <u>43</u> ft. after _____ hours pumping _____ gpm																																																
			Bore Hole Diameter <u>11</u> in. to <u>43</u> ft. and _____ in. to _____ ft.																																																
			WELL WATER TO BE USED AS:																																																
			<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____																																																
			Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____																																																
5 TYPE OF BLANK CASING USED:																																																			
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Welded _____ <input type="checkbox"/> 7 Fiberglass    Threaded _____																																																			
Blank casing diameter <u>5</u> in. to <u>1220</u> ft., Dia <u>2.40</u> in. to _____ ft., Dia _____ in. to _____ ft.																																																			
Casing height above land surface <u>1220</u> in., weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</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"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 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>13</u> ft. to <u>43</u> ft., From _____ ft. to _____ ft.																																																			
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>43</u> ft., From _____ ft. to _____ ft.																																																			
6 GROUT MATERIAL:																																																			
<input checked="" 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 <u>3</u> ft. to <u>13</u> 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>South</u> How many feet? <u>200</u>																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Top Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>8</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>19</td> <td>fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19</td> <td>20</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>38</td> <td>fine to medium sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>43</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Top Soil				2	8	clay				8	19	fine sand				19	20	clay				20	38	fine to medium sand				38	43	Shale			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-1-95</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>3-1-95</u> under the business name of <u>Weninger Drilling</u> by (signature) <u>Adriana Morrissey</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.																																																			

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