

1 LOCATION OF WATER WELL: Fraction <u>NE 1/4 SW 1/4 NW 1/4</u> Section Number <u>18</u> Township Number <u>27 S</u> Range Number <u>1 E</u>		
County: <u>Sedgwick</u> Distance and direction from nearest town or city street address of well if located within city? <u>1305 Arrowhead</u>		
2 WATER WELL OWNER: <u>Tomsanders</u> Board of Agriculture, Division of Water Resources Application Number: _____		
RR#, St. Address, Box # : _____ City, State, ZIP Code : _____		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>50</u> ft. ELEVATION: _____	
	Depth(s) Groundwater Encountered _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>6-21-03</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>35</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>11</u> in. to <u>50</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 _____	
	5 TYPE OF BLANK CASING USED:	CASING JOINTS: Glued <u>X</u> Clamped _____
	1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>2</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>16 Ops 1</u>	
	TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 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) _____ ft.	
SCREEN-PERFORATED INTERVALS: From <u>40</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.		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____		
Grout Intervals: From <u>3</u> ft. to <u>15</u> 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) _____ 13 Insecticide storage _____		
Direction from well? _____ How many feet? _____		
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS		
0 2 top soil		
2 50 fine to med sand		
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>5-21-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>518</u> This Water Well Record was completed on (mo/day/yr) <u>5-21-03</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Nichole Gorgas</u>		
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.		