

1 LOCATION OF WATER WELL: County: <u>Sumner</u>		Fraction <u>SW ¼ SW ¼ NW ¼</u>	Section Number <u>13</u>	Township Number <u>31 S</u>	Range Number <u>R 1 E W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 ½ So Belle Plaine KS.</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :			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:		
<p>A 3x3 grid representing a section box. The center square contains an 'X'. The squares are labeled NW, NE, SE, SW.</p>			Depth(s) Groundwater Encountered 1. <u>22</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>July 13, 1987</u> Pump test data: Well water was _____ ft. after <u>1 ½</u> hours pumping _____ gpm Est. Yield <u>4-5</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>1 ½</u> in. to <u>4 ¾</u> in., and _____ in. to _____ in.		
			WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)		
			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:					
Blank casing diameter _____ in. to <u>23</u> in., Dia _____ in. to _____ in., Dia _____ in. to _____ in.					
Casing height above land surface <u>12</u> in., weight <u>159</u> lbs./ft. Wall thickness or gauge No. <u>SPE-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
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:					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
Direction from well? <u>North</u>					
How many feet? <u>170</u>					
LITHOLOGIC LOG					
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG					
0 2 Top soil					
2 16 Clay					
16 26 Fine & med sand					
26 43 Charcoal shale & clay					
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>July 13, 1987</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>July 14, 1987</u> under the business name of <u>Wendy Drilling Co.</u> by signature <u>[Signature]</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					