

1 LOCATION OF WATER WELL:		Fraction County: Wichita Distance and direction from nearest town or city street address of well if located within city?	Section Number 18	Township Number T 18 S	Range Number R 35 E
2 WATER WELL OWNER: Scott Co. coop		RR#, St. Address, Box # : W. Hwy 96	MW 3	Board of Agriculture, Division of Water Resources Application Number:	
City, State, ZIP Code : Maventhal, KS.					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... 150' ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ..... 129.9' ft. below land surface measured on mo/day/yr ..... 9-8-94 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 ..... 8 in. to ..... 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 Lawn and garden only 10 Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? Yes ..... (No) ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes ..... (No)			
5 TYPE OF BLANK CASING USED:		1 Steel 2 PVC	3 RMP (SR) 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)
Blank casing diameter ..... 4 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.		Casing joints: Glued ..... Clamped ..... Welded ..... Threaded ..... lbs./ft. Wall thickness or gauge No. ....			
Casing height above land surface ..... 0 in. weight .....		7 PVC 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole) ..... 13 Insecticide storage ..... 14 Abandoned water well ..... 15 Oil well/Gas well ..... 16 Other (specify below) .....			
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 2 Brass	3 Stainless steel 4 Galvanized steel	5 Fiberglass 6 Concrete tile	7 Gauzed wrapped 8 RMP (SR) 9 ABS
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot 2 Louvered shutter	3 Mill slot 4 Key punched	5 Wire wrapped 6 Torch cut	7 Saw cut 9 Drilled holes 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... 120 ft. to ..... 150 ft., 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., From ..... ft. to ..... ft.			
6 GROUT MATERIAL: 1 Neat cement		2 Cement grout	3 Bentonite	4 Other	10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage
Grout Intervals: From ..... 0 ft. to ..... 110 ft., From ..... 110 ft. to ..... 118 ft., From ..... ft. to ..... ft.		14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ..... How many feet? 100			
What is the nearest source of possible contamination:		1 Septic tank 2 Sewer lines 3 Watertight sewer lines	4 Lateral lines 5 Cess pool 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage
Direction from well? NW		est			
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) ..... 7-14-94 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 438 ..... This Water Well Record was completed on (mo/day/yr) ..... 10-23-94 ..... by (signature) <i>John B. Burchfield</i>					
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.					