

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wichita</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>18</u>	<u>T 18 S</u>	<u>R 35 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>West of Marienthal KS. 1 on Marienthal Rd.</u>					
2 WATER WELL OWNER: <u>Scott C. Coop</u>					
RR#, St. Address, Box # : <u>W. Hwy. 96</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Marienthal, KS.</u>			Application Number: <u>MW 2</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>150</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>126</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>26.5</u> ft. below land surface measured on mo/day/yr <u>7-8-94</u>			
		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:			
		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 <u>No</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>No</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				7 Fiberglass	
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____				8 Concrete tile	
TYPE OF SCREEN OR PERFORATION MATERIAL:				9 Other (specify below) _____	
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
3 Fiberglass		5 RMP (SR)		12 None used (open hole)	
4 Concrete tile		6 ABS			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		11 None (open hole)	
2 Louvered shutter		4 Key punched		9 Drilled holes	
6 Wire wrapped		10 Other (specify) _____			
7 Torch cut					
SCREEN-PERFORATED INTERVALS:		From <u>120</u> ft. to <u>150</u> 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: <u>1 Neat cement</u> 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>116</u> ft. From <u>116</u> ft. to <u>118</u> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>West</u>				How many feet? <u>100</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel			
1	20	silt w/ sand dk yellow			
20	42	clay, soft and damp			
42	70	sand (w/ gravel) moist			
70	90	clay w/ gravel yellow brown			
90	120	sand fine w/ clay light brown			
120	129	gravel coarse subangular			
129	150	sand med. to coarse wet			
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>7-10-94</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>438</u>		This Water Well Record was completed on (mo/day/yr) <u>10-3-94</u>			
under the business name of <u>KCTL</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, 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

T

R

EW

SEC.

1/4

1/4

1/4