

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: <b>Wichita</b>		<b>NE</b> 1/4 <b>SE</b> 1/4 <b>SE</b> 1/4	<b>9</b>	<b>T 20 S</b>	<b>R 35 E (W)</b>		
Distance and direction from nearest town or city street address of well if located within city? <b>10 1/2 miles south on Hwy. 96 &amp; 2 miles east of Marenthal, Ks.</b>							
2 WATER WELL OWNER: <b>Larry Brack</b>		Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box #: <b>Rt. #2, Box 135</b>		Application Number:					
City, State, ZIP Code: <b>Leoti, Ks. 67861</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>105</b> ft. ELEVATION:					
<div style="text-align: center;"><p>1 Mile</p><p>W</p><p>E</p><p>S</p></div>		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.					
		WELL'S STATIC WATER LEVEL <b>80</b> ft. below land surface measured on mo/day/yr <b>7-7-88</b>					
		Pump test data: Well water was .... ft. after .... hours pumping .... gpm					
		Est. Yield <b>15</b> gpm: Well water was .... ft. after .... hours pumping .... gpm					
		Bore Hole Diameter: <b>12</b> in. to <b>105</b> 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 Observation well <b>stock</b>					
		Was a chemical/bacteriological sample submitted to Department? Yes.....No.. <b>X</b> .....; If yes, mo/day/yr sample was submitted					
		Water Well Disinfected? Yes <b>X</b> No					
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <b>X</b> Clamped .....					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile					
<b>X</b> PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) Welded .....					
		7 Fiberglass Threaded .....					
Blank casing diameter <b>5</b> in. to <b>105</b> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.							
Casing height above land surface <b>12</b> in., weight .... lbs./ft. Wall thickness or gauge No. <b>200 psi</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		<b>X</b> PVC 10 Asbestos-cement					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:		<b>X</b> Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes							
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....							
SCREEN-PERFORATED INTERVALS: From <b>85</b> ft. to <b>105</b> ft., From .... ft. to .... ft.							
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>105</b> ft., From .... ft. to .... ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>X</b> Bentonite 4 Other .....							
Grout intervals: From <b>0</b> ft. to <b>20</b> ft., From .... ft. to .... ft., From .... ft. to .... ft.							
What is the nearest source of possible contamination:		<b>X</b> Livestock pens 14 Abandoned water well					
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage							
Direction from well?		How many feet? <b>500</b>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
0	1	top soil					
1	25	brown clay					
25	80	fine & coarse sand					
80	84	brown clay					
84	101	fine sand, clay streaks					
101	105	yellow clay					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7-7-88</b> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <b>449</b> This Water Well Record was completed on (mo/day/yr) <b>7-15-88</b>							
under the business name of <b>Midwest Well &amp; Pump</b> by (signature) <i>Arthur Kuhlman</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.							

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