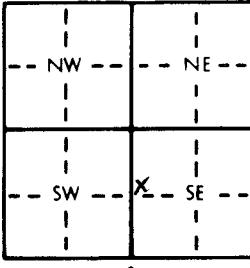


1 LOCATION OF WATER WELL:		Fraction <b>SW 1/4 NW 1/4 SE 1/4</b>	Section Number <b>7</b>	Township Number <b>T 24 S</b>	Range Number <b>R 28 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>10 1/4 mile North and 1/2 mile EAST of Ingalls</b>					
2 WATER WELL OWNER:		<b>Wilfred Wehkamp Family Trust</b>			
RR#, St. Address, Box #:		<b>RR.1 Box 67</b>			
City, State, ZIP Code:		<b>Ingalls, KS. 67853</b>			
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. <b>170</b> ft. ELEVATION: <b>100</b>					
Depth(s) Groundwater Encountered <b>100</b> ft. 2. ft. 3. ft.					
WELL'S STATIC WATER LEVEL <b>100</b> ft. below land surface measured on mo/day/yr <b>3-15-90</b>					
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 <b>30"</b> in. to <b>170</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 Monitoring well <b>LIVESTOCK</b>					
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input type="checkbox"/> No <input type="checkbox"/>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron 8 Concrete tile	
2 PVC		4 ABS		6 Asbestos-Cement 9 Other (specify below)	
Blank casing diameter <b>16"</b> in. to <b>170</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass 7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile 10 Asbestos-cement	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped 8 Saw cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped 9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... 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					
Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon 11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard 12 Fertilizer storage	
Direction from well? <b>S.E.</b>		13 Insecticide storage How many feet? <b>2,500</b>			
FROM	TO	LITHOLOGIC LOG		FROM	TO
PLUGGING INTERVALS					
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) <b>9-12-90</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/yr) <b>9-12-90</b> by (signature) <b>Wilfred Wehkamp</b>					
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					