

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>11</u>	<u>T 25 S</u>	<u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Sedgewick, KS 3 miles South and 1 1/2 East</u>					
2 WATER WELL OWNER: <u>Loyd Farms</u>		Board of Agriculture, Division of Water Resources Application Number: <u>45,916</u>			
RR#, St. Address, Box # : <u>415 W 6th</u>		City, State, ZIP Code : <u>Sedgewick, KS 67135</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>58</u> ft. ELEVATION: <u>58</u> ft.			
		Depth(s) Groundwater Encountered 1 <u>13</u> ft. 2 <u>13</u> ft. 3 <u>12-22-04</u> ft. WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>12-22-04</u> Pump test data: Well water was <u>39</u> ft. after <u>2</u> hours pumping <u>800</u> gpm Est. Yield <u>800</u> gpm: Well water was <u>39</u> ft. after <u>2</u> hours pumping <u>800</u> gpm 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) ☒ Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u> </u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No <u> </u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
☒ PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>16</u> in. to <u>38</u> in.		Dia <u>16</u> in. to <u>38</u> in.		Dia <u>16</u> in. to <u>38</u> in.	
Casing height above land surface <u>24</u> in.		weight <u>16</u> lbs./ft.		Wall thickness or gauge No. <u>1/2</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless Steel		5 Fiberglass	
2 Brass		4 Galvanized Steel		6 Concrete tile	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:		5 Guazed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) <u> </u> ft.	
SCREEN-PERFORATED INTERVALS:		From <u>38</u> ft. to <u>58</u> ft.		From <u> </u> ft. to <u> </u> ft.	
		From <u> </u> ft. to <u> </u> ft.		From <u> </u> ft. to <u> </u> ft.	
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>58</u> ft.		From <u> </u> ft. to <u> </u> ft.	
		From <u> </u> ft. to <u> </u> ft.		From <u> </u> ft. to <u> </u> ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft.		From <u> </u> ft. to <u> </u> ft.		From <u> </u> ft. to <u> </u> 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	
Direction from well?				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				Other (specify below) <u>None</u>	
				How many feet? <u>Open Field</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-20-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>238</u> This Water Well Record was completed on (mo/day/yr) <u>12-31-04</u> under the business name of <u>Weninger Irrigation</u> by (signature) <u>Weninger</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					