

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction: <u>SE 1/4 SW 1/4 SW 1/4</u> Section Number: <u>36</u> Township Number: <u>T 25 S</u> Range Number: <u>R 1 E/W 1</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>See Below</u>	
2 WATER WELL OWNER: <u>Mike Hampton</u> RR#, St. Address, Box #: <u>3540 W. 77th N.</u> City, State, ZIP Code: <u>Valley Center KS 67147</u>	
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: <u>51</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered: <u>15</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL: <u>15</u> ft. below land surface measured on mo/day/yr <u>10-14-92</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:
☒ 1 Domestic ☐ 2 Irrigation	☐ 3 Feedlot ☐ 4 Industrial
☐ 5 Public water supply ☐ 6 Oil field water supply ☐ 7 Lawn and garden only	☐ 8 Air conditioning ☐ 9 Dewatering ☐ 10 Monitoring well
☐ 11 Injection well ☐ 12 Other (Specify below)	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: <u>5</u> in. to <u>36</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	
Casing height above land surface: <u>12</u> in. weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160 PK</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
☐ 1 Steel ☐ 2 Brass	☐ 3 Stainless steel ☐ 4 Galvanized steel
☐ 5 Fiberglass ☐ 6 Concrete tile	☐ 7 RMP (SR) ☐ 8 ABS
☐ 9 Asbestos-cement ☐ 10 Other (specify)	☐ 11 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	
☐ 1 Continuous slot ☐ 2 Louvered shutter	☒ 3 Mill slot ☐ 4 Key punched
☐ 5 Gauzed wrapped ☐ 6 Wire wrapped ☐ 7 Torch cut	☐ 8 Saw cut ☐ 9 Drilled holes ☐ 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <u>36</u> ft. to <u>51</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>51</u> 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 <u>3</u> ft. to <u>15</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
☒ 1 Septic tank ☒ 2 Lateral lines ☒ 3 Cess pool ☐ 4 Watertight sewer lines ☐ 5 Seepage pit	☐ 6 Pit privy ☐ 7 Sewage lagoon ☐ 8 Feedyard
☐ 9 Livestock pens ☐ 10 Fuel storage ☐ 11 Fertilizer storage ☐ 12 Insecticide storage	☐ 13 Abandoned water well ☐ 14 Oil well/Gas well ☐ 15 Other (specify below)
Direction from well? <u>East</u>	
How many feet? <u>110</u>	
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>10-14-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>10-16-92</u> under the business name of <u>Weninger Drilling, Inc.</u> by (signature) <u>Susan B. 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, Topeka, Kansas 66620-0001. Telephone: 783-296-5545. Send one to WATER WELL OWNER and retain one for your records.	

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