

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>SE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>19</u>	Township Number <u>T 26 S</u>	Range Number <u>R 1 E</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: RR#, St. Address, Box # : City, State, ZIP Code			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>45</u> ft. ELEVATION:		
			Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.		
			WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>7-15-98</u>		
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm		
			Est. Yield <u>25</u> 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		
5 TYPE OF BLANK CASING USED:			Water Well Disinfected? Yes ☒ No		
☒ 1 Steel ☐ 2 PVC ☐ 3 RMP (SR) ☐ 4 ABS			☐ 5 Wrought iron ☐ 6 Asbestos-Cement ☐ 7 Fiberglass		
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.			CASING JOINTS: Glued ☒ Clamped _____		
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>			Welded _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:			Threaded _____		
☐ 1 Steel ☐ 2 Brass ☐ 3 Stainless steel ☐ 4 Galvanized steel			☒ 5 Fiberglass ☐ 6 Concrete tile ☐ 7 PVC ☐ 8 RMP (SR) ☐ 9 ABS ☐ 10 Asbestos-cement ☐ 11 Other (specify) _____ ☐ 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:			☐ 8 Saw cut ☐ 11 None (open hole)		
☐ 1 Continuous slot ☐ 2 Louvered shutter ☒ 3 Mill slot ☐ 4 Key punched			☐ 5 Gauzed wrapped ☐ 6 Wire wrapped ☐ 7 Torch cut ☐ 8 Drilled holes ☐ 9 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft.			From _____ ft. to _____ ft.		
6 GROUT MATERIAL: <u>3</u> 1 Neat cement <u>25</u> 2 Cement grout <u>3</u> 3 Bentonite <u>4</u> 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
☒ 1 Septic tank ☐ 2 Sewer lines ☐ 3 Watertight sewer lines ☐ 4 Lateral lines ☐ 5 Cess pool ☐ 6 Seepage pit ☐ 7 Pit privy ☐ 8 Sewage lagoon ☐ 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>North</u> How many feet? <u>60</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil			
2	22	clay			
22	45	fine to med. sand			
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>7-16-98</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>7-16-98</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Michelle Ediger</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.					

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