

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>	<u>19</u>	<u>T 26 S</u>	<u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>213 Queen Mary, KS.</u>					
2 WATER WELL OWNER:					
RR#, St. Address, Box # : <u>Goetz Coble</u>					
City, State, ZIP Code : <u>440 P N. MAIZE Rd</u>					
Board of Agriculture, Division of Water Resources					
Application Number: <u>MAIZE KS 67101</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>44</u> ft. ELEVATION: <u>12</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. <u>12</u> ft. 3. <u>12</u> ft.			
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>8-8-89</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter <u>11</u> in. to <u>44</u> ft., and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:					
<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)					
<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <u>X</u> No _____					
5 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____					
<input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded _____					
<input type="checkbox"/> Blank casing diameter <u>5</u> in. to <u>34</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
<input type="checkbox"/> Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement					
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) _____					
<input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)					
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes					
<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS:					
From <u>34</u> ft. to <u>44</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From <u>15</u> ft. to <u>44</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout intervals: From <u>3</u> ft. to <u>15</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well					
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well					
<input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____					
<input type="checkbox"/> 13 Insecticide storage					
Direction from well? <u>South</u> How many feet? <u>30</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Top so.</u>			
<u>2</u>	<u>18</u>	<u>clay</u>			
<u>18</u>	<u>31</u>	<u>fine sand</u>			
<u>31</u>	<u>32</u>	<u>clay</u>			
<u>32</u>	<u>44</u>	<u>SAND</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>8-8-89</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>10-1-89</u>					
under the business name of <u>Weninger Dilling</u> by (signature) <u>[Signature]</u>					