

1 LOCATION OF WATER WELL:		Fraction <u>SE 1/4 NW 1/4 SW 1/4</u>		Section Number <u>22</u>		Township Number <u>T 26 S</u>		Range Number <u>R 2 E/W</u>			
County: <u>Sedgwick</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>Jerome Weninger</u>											
RR#, St. Address, Box #: <u>10510 N. 48th St. Court</u>											
City, State, ZIP Code: <u>Colwich, KS 67030 65</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: _____ ft. ELEVATION: _____ ft.									
		Depth(s) Groundwater Encountered _____ ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>11/05/95</u>									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield <u>40</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm									
		Bore Hole Diameter <u>11</u> in. to <u>65</u> ft. and _____ in. to _____ ft.									
		WELL WATER TO BE USED AS:									
		1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering			
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well			
		5 Public water supply 8 Air conditioning 11 Injection well									
		12 Other (Specify below)									
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:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____											
Blank casing diameter <u>8</u> in. to <u>55</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____											
12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes											
7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From <u>55</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL:											
1 Neat cement 3 Bentonite 4 Other _____											
Grout Intervals: From <u>3</u> ft. to <u>24</u> 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 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)											
13 Insecticide storage											
Direction from well? <u>North</u> How many feet? <u>250</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		2		top soil							
2		24		clay							
24		31		fine sand							
31		32		clay							
32		65		medium 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>11/05/95</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>12/11/95</u> under the business name of <u>Weninger Drilling, Inc.</u> by (signature) <u>Karrina Blaser</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.											