

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																											
County: <u>Seagwick</u>		NW 1/4 SW 1/4 SE 1/4		16		T 26 S		R 2 EW																																											
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>Dan Pughenford</u>																																																			
RR#, St. Address, Box #: <u>803 S. 7th</u>																																																			
City, State, ZIP Code: <u>Colwich KS. 67030</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>64</u> ft. ELEVATION:																																																	
		Depth(s) Groundwater Encountered 1 <u>18</u> ft. 2. ft. 3. ft.																																																	
		WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>7-8-92</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 ☐ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 12 Other (Specify below)																																																	
		☐ 2 Irrigation ☐ 4 Industrial ☐ 7 Lawn and garden only ☐ 10 Monitoring well																																																	
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was sub- mitted _____																																																	
		Water Well Disinfected? Yes ☒ No ☒																																																	
5 TYPE OF BLANK CASING USED:																																																			
☐ 1 Steel ☐ 3 RMP (SR) ☐ 5 Wrought iron ☐ 8 Concrete tile CASING JOINTS: Glued ☒ Clamped _____																																																			
☒ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____																																																			
☐ 7 Fiberglass Threaded _____																																																			
Blank casing diameter _____ in. to _____ 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 PVC</u>																																																			
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																			
☐ 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☒ 7 PVC ☐ 10 Asbestos-cement																																																			
☐ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 8 RMP (SR) ☐ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																			
GRAVEL PACK INTERVALS: 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>12</u> ft., From _____ ft. to _____ 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>Southwest</u> How many feet? <u>20</u>																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>18</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>30</td> <td>med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>32</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>50</td> <td>med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>64</td> <td>good gravel</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	top soil				2	18	clay				18	30	med sand				30	32	clay				32	50	med sand				50	64	good gravel			
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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>7-8-92</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>7-10-92</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Susan 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																			

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