

1 LOCATION OF WATER WELL:		Fraction <u>NE NW SW</u>		Section Number <u>22</u>		Township Number <u>T 26 S</u>		Range Number <u>R 2 E W</u>																																					
County <u>Sebewick</u> Distance and direction from nearest town or city street address of well if located within city? <u>96600 W. 48th No Polwich KS</u>																																													
2 WATER WELL OWNER: <u>HAROLD SIMON</u> RR#, St. Address, Box # <u>RR #1 Polwich KS 67030</u> 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>65</u> ft. ELEVATION: <u>27</u> ft. below land surface measured on mo/day/yr <u>9-1-90</u>																																											
		Depth(s) Groundwater Encountered 1. <u>27</u> ft. 2. <u>27</u> ft. 3. <u>27</u> ft. WELL'S STATIC WATER LEVEL <u>27</u> ft. below land surface measured on mo/day/yr <u>9-1-90</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>75</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 ☐ 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 <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 ☐ 2 PVC ☒ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) _____ 7 Fiberglass ☐ Blank casing diameter <u>5</u> in. to <u>53</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in. weight <u>150</u> lbs./ft. Wall thickness or gauge No. <u>160 AISI 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☐ 8 RMP (SR) ☐ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 9 ABS ☐ 12 None used (open hole) ☐ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot ☐ 3 Mill slot ☒ 2 Louvered shutter ☐ 4 Key punched ☐ SCREEN-PERFORATED INTERVALS: From <u>53</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																											
		CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____ 10 Asbestos-cement ☐ 11 Other (specify) _____ 12 None used (open hole) ☐ 8 Saw cut ☐ 11 None (open hole) ☐ 9 Drilled holes ☐ 10 Other (specify) _____ 5 Gauzed wrapped ☐ 8 Wire wrapped ☐ 6 Torch cut ☐ 10 Other (specify) _____																																											
6 GROUT MATERIAL: 1 Neat cement ☐ 2 Cement grout ☒ 3 Bentonite ☐ 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>23</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>EAST</u> How many feet? <u>110</u>																																													
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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 completed on (mo/day/year) <u>9-1-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9318</u> This Water Well Record was completed on (mo/day/yr) <u>9-13-90</u> under the business name of <u>Weninger Dully</u> by (signature) <u>[Signature]</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 66620-7320. Telephone: 913-296-5645. Send one to WATER WELL OWNER and retain one for your records.																																													

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