

1 LOCATION OF WATER WELL: Fraction <u>SW 1/4 NW 1/4</u> Section Number <u>6</u> Township Number <u>27S</u> Range Number <u>1E</u>					
County: <u>Sedgewick</u> Distance and direction from nearest town or city street address of well if located within city? <u>1933 Ryan Ct.</u>					
2 WATER WELL OWNER: <u>Chad Pettera</u> Board of Agriculture, Division of Water Resources Application Number: _____					
RR#, St. Address, Box # _____ City, State, ZIP Code _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>51</u> ft. ELEVATION: _____				
	Depth(s) Groundwater Encountered: <u>27</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: <u>27</u> ft. below land surface measured on mo/day/yr <u>6-18-01</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 1 Steel 3 RMP (SR) 9 Other (specify below) Welded _____ 2 PVC 4 ABS 10 Fiberglass Threaded _____ Blank casing diameter: <u>4</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or guage No. <u>160psi</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-Cement 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes _____ 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft. SCREEN-PERFORATED INTERVALS: From <u>41</u> ft. to <u>51</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>27</u> ft. to <u>51</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 27 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>30</u> ft. to <u>27</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage _____ Direction from well? <u>South</u> How many feet? <u>30</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	topsoil			
2	25	clay			
25	30	fine sand			
30	51	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>6-18-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>6-21-01</u> under the business name of <u>Weninger Drilling Inc</u> by (signature) <u>Michelle Gorg</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					

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