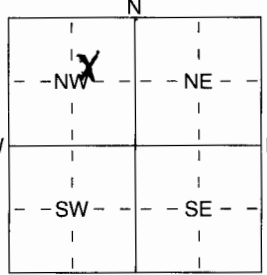


1 LOCATION OF WATERWELL: County: <u>Seagrave</u> Fraction: <u>SW 1/4 NE 1/4 NW 1/4</u> Section Number: <u>6</u> Township Number: <u>T 270</u> Range Number: <u>R 1 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>see below</u>	
2 WATER WELL OWNER: <u>Steve Cain</u> RR#, St. Address, Box # : <u>2079 Sheffield Ct.</u> City, State, ZIP Code : <u>Wenatchee, WA 98093</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>100</u> ft. ELEVATION: <u>4-23-04</u> Depth(s) Groundwater Encountered: <u>1</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: <u>20</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>25</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>7 Domestic (lawn & garden)</u> 10 Monitoring well _____	
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</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) 2 PVC 5 4 ABS Blank casing diameter: <u>50</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160psi</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 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guazed 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) _____ ft. SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>66</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>60</u> ft. From _____ ft. to _____ ft.	
6 GROUT MATERIAL: 1 Neat cement 30 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>30</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) Direction from well? <u>north</u> How many feet? <u>12</u>	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS <u>0 1 topsoil</u> <u>1 21 clay</u> <u>21 25 fine sand</u> <u>25 706 med sand/gravel</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-23-04</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>4-23-04</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Dickie Gorgs</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.	