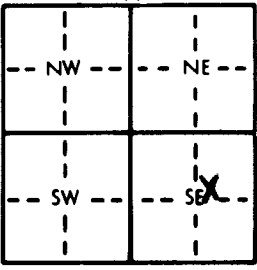


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| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b> Fraction: <b>SW 1/4 NE 1/4 SE 1/4</b> Section Number: <b>11</b> Township Number: <b>T 27 S</b> Range Number: <b>R 1 E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>4111 W. 11th - WACHATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2 WATER WELL OWNER: <b>LAURA HUEB</b><br>RR#, St. Address, Box #: <b>4111 W. 11th</b><br>City, State, ZIP Code: <b>WACHATA, KS.</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 DEPTH OF COMPLETED WELL: <b>45</b> ft. ELEVATION:<br>Depth(s) Groundwater Encountered: <b>16</b> ft. 2. <b>16</b> ft. 3. <b>11-2-87</b><br>WELL'S STATIC WATER LEVEL: <b>16</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was <b>80</b> gpm. ft. after <b>12</b> hours pumping <b>30</b> gpm<br>Est. Yield: <b>80</b> gpm. Well water was <b>45</b> ft. after <b>12</b> hours pumping <b>30</b> gpm<br>Bore Hole Diameter: <b>11</b> in. to <b>45</b> ft. and <b>11</b> in. to <b>45</b> ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/><br>2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded <input type="checkbox"/><br>Blank casing diameter: <b>5</b> in. to <b>35</b> ft. Dia. <b>5</b> in. to <b>35</b> ft. Dia. <b>5</b> in. to <b>35</b> ft. Dia. <b>5</b> in. to <b>35</b> ft. Dia.<br>Casing height above land surface: <b>12</b> in. weight <b>1.59</b> lbs./ft. Wall thickness or gauge No. <b>SPR-210</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/><br>2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/><br>12 None used (open hole) <input type="checkbox"/><br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/><br>2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/><br>7 Torch cut <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/><br>SCREEN-PERFORATED INTERVALS: From <b>35</b> ft. to <b>45</b> ft. From <b>35</b> ft. to <b>45</b> ft. From <b>35</b> ft. to <b>45</b> ft. From <b>35</b> ft. to <b>45</b> ft.<br>GRAVEL PACK INTERVALS: From <b>16</b> ft. to <b>45</b> ft. From <b>16</b> ft. to <b>45</b> ft. From <b>16</b> ft. to <b>45</b> ft. From <b>16</b> ft. to <b>45</b> ft. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/><br>Grout Intervals: From <b>3</b> ft. to <b>116</b> ft. From <b>3</b> ft. to <b>116</b> ft. From <b>3</b> ft. to <b>116</b> ft. From <b>3</b> ft. to <b>116</b> ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/><br>2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/><br><input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/><br>13 Insecticide storage <input type="checkbox"/><br>Direction from well? <b>South.</b> How many feet? <b>90</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>11-2-87</b> and this record is true to the best of my knowledge and belief, Kansas<br>Water Well Contractor's License No. <b>318</b> This Water Well Record was completed on (mo/day/yr) <b>Nov. 2, 1987</b><br>under the business name of <b>WENINGER DRILLING</b> by (signature) <b>Jerome Weninger</b><br>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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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