

23

1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 NW 1/4 Section Number 27 22 Township Number T 27 S Range Number R 1 E
 County: Logan Distance and direction from nearest town or city? _____ Street address of well if located within city? 6515 Winterset

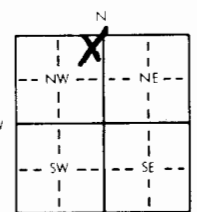
2 WATER WELL OWNER: Carl Perry
 RR#, St. Address, Box #: 6515 Winterset
 City, State, ZIP Code: Wichita KS Board of Agriculture, Division of Water Resources
 Application Number: _____

3 DEPTH OF COMPLETED WELL: 58 ft. Bore Hole Diameter: 1 1/2 in. to _____ ft. and _____ in. to _____ ft.
 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)
 Well's static water level: 15 ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 40 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 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 dia: 5 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in. weight _____ lbs./ft. Wall thickness or gauge No. 200
 TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☒ 8 RMP (SR) ☐ 10 Asbestos-cement
☐ 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 ☐ 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-Perforation Dia: _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 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.

5 GROUT MATERIAL: ☐ 1 Neat cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____
 Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
☒ 1 Septic tank ☐ 4 Cess pool ☐ 7 Sewage lagoon ☐ 10 Fuel storage ☐ 14 Abandoned water well
☐ 2 Sewer lines ☐ 5 Seepage pit ☐ 8 Feed yard ☐ 11 Fertilizer storage ☐ 15 Oil well/Gas well
☐ 3 Lateral lines ☐ 6 Pit privy ☐ 9 Livestock pens ☐ 12 Insecticide storage ☐ 16 Other (specify below)
 Direction from well: So How many feet: 80 ? Water Well Disinfected? ☒ Yes ☐ No
 Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ If yes, date sample submitted _____ month _____ day _____ year: Pump Installed? Yes ☐ No ☒
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: ☐ 1 Submersible ☐ 2 Turbine ☐ 3 Jet ☐ 4 Centrifugal ☐ 5 Reciprocating ☐ 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ (1) constructed, ☐ (2) reconstructed, or ☐ (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318
 This Water Well Record was completed on _____ month _____ day _____ year under the business name of Weninger Drilling by (signature) James Weninger

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 2 Top so.
2 14 Red clay
14 21 fine sand
21 23 Red clay
23 58 med gravel

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T 27

R 1

E 1

SEC.

27

NE 1/4 NE 1/4 NW 1/4