

1 LOCATION OF WATER WELL: County <u>Sequoyia</u> Fraction <u>SW 1/4 SE 1/4 NE 1/4</u> Section Number <u>30</u> Township Number <u>T 27 S</u> Range Number <u>R 1 E</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>Same</u>					
2 WATER WELL OWNER: <u>David Bumpers</u> RR#, St. Address, Box #: <u>10821 Hidden Lakes Rd</u> City, State, ZIP Code: <u>Wichita KS 67214</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>80</u> ft. ELEVATION: _____				
	Depth(s) Groundwater Encountered 1. <u>19</u> ft. 2. _____ ft. 3. _____ ft.				
	WELL'S STATIC WATER LEVEL <u>19</u> ft. below land surface measured on mo/day/yr <u>11-22-91</u>				
	Pump test data: Well water was <u>19</u> ft. after <u>1/2</u> hours pumping <u>88</u> gpm				
	Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm				
	Bore Hole Diameter <u>11</u> in. to <u>80</u> ft., and _____ in. to _____ ft.				
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 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes ☒ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel ☒ 3 RMP (SR) _____ 5 Wrought iron _____ 8 Concrete tile _____ CASING JOINTS: Glued ☒ Clamped _____ 2 PVC ☒ 5 ABS _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____ Welded ☒ Blank casing diameter <u>5</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>10</u> in., weight <u>2.60</u> lbs./ft. Wall thickness or gauge No. <u>160 PVC</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 <u>10</u> 7 Torch cut <u>80</u> 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>19</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement _____ 2 Cement grout ☒ 3 Bentonite _____ 4 Other _____					
Grout Intervals: From <u>3</u> ft. to <u>19</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>East</u> How many feet? <u>60</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	top soil			
3	10	clay			
10	40	Med sand			
40	65	clay			
65	80	fine 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>11-22-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>11-26-91</u> under the business name of <u>Weninger Drilling Inc</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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