

1 LOCATION OF WATER WELL  
 County: Kingman Fraction: SW 1/4 NE 1/4 NE 1/4 Section Number: 31 Township Number: T 27 S Range Number: R 10 EW

Distance and direction from nearest town or city: 1 east of Maudy West side  
 Street address of well if located within city?

2 WATER WELL OWNER: Venture Shelling Inc.  
 RR#, St. Address, Box #: 15845 Bldg, Suite 1625  
 City, State, ZIP Code: Wichita Kansas 67207  
 Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL: 140 ft. Bore Hole Diameter: 9 in. to 140 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)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level: 61 ft. below land surface measured on 10 month 30 day 1979 year  
 Pump Test Data: 370 gpm. Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield: . . . . . 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 120 ft., Dia: . . . . . in. to . . . . . ft., Dia: . . . . . in. to . . . . . ft.  
 Casing height above land surface: 12 in., weight: 287.3 lbs./ft. Wall thickness or gauge No: 265

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) . . . . .  
 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: 5 in. to 140 ft., Dia: . . . . . in. to . . . . . ft., Dia: . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From: 120 ft. to 140 ft., From: . . . . . ft. to . . . . . ft., From: . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From: 60 ft. to 140 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: 0 ft. to 10 ft., From: . . . . . ft. to . . . . . ft., From: . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination: pond  
 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)  
 13 Watertight sewer lines  
 Direction from well . . . . . How many feet . . . . . ? Water Well Disinfected? Yes . . . . . No   
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No  If yes, date sample  
 was 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 10 month 30 day 1979 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 143  
 This Water Well Record was completed on . . . . . month . . . . . day . . . . . year under the business name of Myers Water Well Service by (signature) Charles C. Myers

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	60	Rocky clay			
6	70	Sand stone clay			
70	140	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.

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