

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction: <u>SE 1/4 NE 1/4 SE 1/4</u> Section Number: <u>12</u> Township Number: <u>T 27 S</u> Range Number: <u>R 3 E</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>WM. KIHLE</u> RR#, St. Address, Box #: <u>1551 No 215th West</u> City, State, ZIP Code: <u>Goldsboro KS 67052</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>65</u> ft. ELEVATION: _____				
	Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft.				
	WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on <u>6-10-94</u> mo/day/yr				
	Pump test data: Well water was <u>50</u> ft. after <u>12</u> hours pumping <u>10</u> gpm				
	Est. Yield <u>10-15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
	Bore Hole Diameter <u>11</u> in. to <u>65</u> ft., and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:					
☒ 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 <u>X</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) ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) ☒ 2 PVC ☐ 4 ABS ☐ 7 Fiberglass _____					
Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>2.60</u> lbs./ft. Wall thickness or gauge No <u>160 PVC</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ 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:					
☐ 1 Continuous slot ☒ 2 Mill slot ☐ 3 Gauzed wrapped ☐ 4 Saw cut ☐ 5 None (open hole) ☐ 2 Louvered shutter ☐ 4 Key punched ☐ 6 Wire wrapped ☐ 9 Drilled holes _____ ☐ 7 Torch cut ☐ 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>65</u> 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>23</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) ☐ 13 Insecticide storage					
Direction from well? <u>SW</u> How many feet? <u>80</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	21	Clay			
21	25	Sandy clay.			
25	65	Shale.			
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>6-10-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>312</u> This Water Well Record was completed on (mo/day/yr) <u>6-26-94</u> under the business name of <u>Weninger Drilling</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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