

1) LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: <u>Sedgwick</u>		<u>SE ¼ SE ¼ SW ¼</u>	<u>H</u>	<u>28° S R 1 E W.</u>	
Distance and direction from nearest town or city street address of well if located within city?					
<u>11000 SW Blvd. Schulte, KS</u>					
2) WATER WELL OWNER:					
<u>St. Peter's Church</u>					
RR#, St. Address, Box #: <u>4622 S. 135th W.</u>					
City, State, ZIP Code : <u>Clearwater, KS 67026</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>50</u> ft. ELEVATION:			
A square divided into four smaller squares labeled NW, NE, SW, and SE. An 'X' is drawn in the center of the SW quadrant.		Depth(s) Groundwater Encountered _____ ft. _____ ft. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>9-16-98</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>35</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>1 1/2</u> in. to <u>50</u> 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) <u>(7)</u> 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:					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
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.					
6) GROUT MATERIAL:					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
Direction from well? <u>NORTH</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLOGGING INTERVALS
0	22	clay			
22	40	sand			
40	50	clay			
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>9-25-98</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>9-20-98</u> under the business name of <u>Meninger 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: 313-296-5545. Send one to WATER WELL OWNER and retain one for your records.					