

1 LOCATION OF WATER WELL: Fraction <u>NE 1/4 SW 1/4 SW 1/4</u> Section Number <u>13</u> Township Number <u>T 28 S</u> Range Number <u>R 2 E/W</u>					
County: <u>Sedgwick</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>Harry maness</u> RR#, St. Address, Box #: <u>13324 K-42</u> City, State, ZIP Code: <u>Clearwater, KS 67024-75</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: _____ ft. ELEVATION: _____ ft.				
	Depth(s) Groundwater Encountered _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>2-5-03</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ 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 Domestic (lawn & garden) 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) 2 PVC 4 ABS Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>16 gpsi</u>	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout 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 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard	10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage Direction from well? <u>SW</u> How many feet? <u>200</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil			
2	25	clay			
25	34	fine sand			
34	50	clay			
50	75	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>2-5-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>2-18-03</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Michelle Grogg</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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					