

1 LOCATION OF WATER WELL: County: <u>SARASOTA</u> Fraction: <u>SE 1/4 SW 1/4 SW 1/4</u> Section Number: <u>10</u> Township Number: <u>T 28 S</u> Range Number: <u>R 2 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles South & 2 miles East of Goddard</u>	
2 WATER WELL OWNER: <u>Richard Kramer</u> RR#, St. Address, Box #: <u>16510 W. 39 S.</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>CLEARWATER KS 67026</u> Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION: <u>20</u> ft.
	Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. <u>20</u> ft. 3. <u>20</u> ft.
	WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>2-18-98</u>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield _____ 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 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped	
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded	
Blank casing diameter <u>3</u> in. to <u>11</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>160PR</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____	
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-PERFORATED INTERVALS: From <u>11</u> ft. to <u>60</u> 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 <u>3</u> 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 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>NORTH EAST</u> How many feet? <u>120</u>	
FROM TO LITHOLOGIC LOG	FROM TO PLUGGING INTERVALS
0 2 top soil	
2 10 clay	
10 19 med sand	
19 65 slate	
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>2-18-98</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>2-20-98</u> under the business name of <u>Weninger Drilling Inc</u> by (signature) <u>Susan Weninger</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.	