

1 LOCATION OF WATER WELL:		Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>		Section Number <u>30</u>		Township Number <u>T 28 S</u>		Range Number <u>R 2 E</u>																																											
County <u>Sedgwick</u>																																																			
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles South of Goddard KS.</u>																																																			
2 WATER WELL OWNER: <u>Gerard Faveran</u>																																																			
RR#, St. Address, Box #: <u>20788 W. 63RD SOUTH</u>																																																			
City, State, ZIP Code: <u>Goddard 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>66</u> ft.		ELEVATION: <u>15</u> ft.																																															
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. <u>15</u> ft. 3. <u>15</u> ft.																																																	
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>3-16-92</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:																																																			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)																																																			
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>XX</u> No _____																																																			
5 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 diameter <u>5</u> in. to <u>18</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 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-PERFORATED INTERVALS: From <u>18</u> ft. to <u>66</u> ft., From _____ ft. to _____ ft.																																																			
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>66</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>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																			
What is the nearest source of possible contamination:																																																			
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 _____ How many feet? <u>100</u>																																																			
Direction from well? <u>West</u>																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>10</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>25</td> <td>med gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>45</td> <td>blue shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>50</td> <td>brown shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>66</td> <td>blue shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	top soil				2	10	clay				10	25	med gravel				25	45	blue shale				45	50	brown shale				50	66	blue shale			
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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>3-16-92</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>3-17-92</u> under the business name of <u>Weninger Drilling, Inc</u> by (signature) <u>Susan H. Weninger</u>																																																			
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underlining 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.																																																			