

1] LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																
County: <u>Sedgwick</u>		<u>NE ¼ NE ¼ SW ¼</u>	<u>3</u>	T <u>28</u> S	R <u>4</u> E <u>(W)</u>																																																
Distance and direction from nearest town or city street address of well if located within city? From Cheney: <u>½ m. E + ½ m N.</u>																																																					
2] WATER WELL OWNER: Wells M+M Dairy RR#, St. Address, Box #: <u>7051 S. 375th W.</u> City, State, ZIP Code : <u>Cheney, KS 67025</u>																																																					
Board of Agriculture, Division of Water Resources Application Number: <u>42,608</u>																																																					
3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4] DEPTH OF COMPLETED WELL: <u>42</u> ft. ELEVATION:																																																			
A diagram showing a section box divided into four quadrants labeled NW, NE, SE, and SW. An 'X' marks the location of the well in the center where all four quadrants meet.		Depth(s) Groundwater Encountered 1. <u>8</u> ft. 2. _____ ft. 3. _____ ft.																																																			
		Well's Static Water Level <u>8</u> ft. below land surface measured on mo/day/yr <u>6-1-99</u>																																																			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																			
		Est. Yield <u>200</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm																																																			
		Bore Hole Diameter <u>30</u> in. to <u>42</u> ft., and _____ in. to _____ ft.																																																			
WELL WATER TO BE USED AS: ☐ 1 Domestic ☒ 2 Irrigation ☐ 3 Feedlot ☐ 4 Industrial ☐ 5 Public water supply ☐ 6 Oil field water supply ☐ 7 Lawn and garden only ☐ 8 Air conditioning ☐ 9 Dewatering ☐ 10 Monitoring well ☐ 11 Injection 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>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>8</u> in. to <u>22</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>36</u> in., weight <u>2.4</u> lbs./ft. Wall thickness or gauge No. <u>160 psi</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>22</u> ft. to <u>42</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>42</u> ft., From _____ ft. to _____ ft. 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 <u>20</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) <u>Open Field</u> Direction from well? _____ How many feet? _____																																																					
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7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>5-22-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>238</u> . This Water Well Record was completed on (mo/day/yr) <u>6-10-99</u> under the business name of <u>Weininger Excavation</u> by signature <u>Curtis J. Weininger</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.																																																					