

1 LOCATION OF WATER WELL:		Fraction	Pump Well No.	RSA 62-1212	Section Number	Township Number	Range Number																																				
County: <u>Sedgwick</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>31</u>		<u>T 29 S</u>	<u>R 1 E</u>																																					
Distance and direction from nearest town or city street address of well if located within city? <u>From Clearwater KS: 1 1/2 m E / 1 1/2 m S.</u>																																											
2 WATER WELL OWNER: <u>John Dalbon</u>																																											
RR#, St. Address, Box # : <u>414 E Park St.</u>																																											
City, State, ZIP Code : <u>Clearwater, KS 67026</u>																																											
Board of Agriculture, Division of Water Resources Application Number: <u>43,675</u>																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION: _____																																									
		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft.																																									
		WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on mo/day/yr <u>1-20-00</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>48</u> in. and _____ in. to _____ in.																																									
WELL WATER TO BE USED AS: 1 Domestic <u>2</u> 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Blank casing diameter <u>8</u> in. to <u>33</u> in. Dia _____ in. to _____ in. Dia _____ in. to _____ in. Casing height above land surface <u>30</u> in. weight <u>6</u> lbs./ft. Wall thickness or gauge No. <u>70"</u>																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:																																											
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Saw cut 8 None used (open hole)																																											
SCREEN-PERFORATED INTERVALS: From <u>33</u> ft. to <u>48</u> ft., From _____ ft. to _____ ft.																																											
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>48</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>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																											
What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <u>None Open Field</u>																																											
Direction from well? _____ How many feet? _____																																											
<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><u>0</u></td> <td><u>4</u></td> <td><u>Topsoil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>4</u></td> <td><u>14</u></td> <td><u>Red Clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>14</u></td> <td><u>33</u></td> <td><u>Fine Sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>33</u></td> <td><u>48</u></td> <td><u>medium Gravel</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>48</u></td> <td></td> <td><u>Blue Shale</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>4</u>	<u>Topsoil</u>				<u>4</u>	<u>14</u>	<u>Red Clay</u>				<u>14</u>	<u>33</u>	<u>Fine Sand</u>				<u>33</u>	<u>48</u>	<u>medium Gravel</u>				<u>48</u>		<u>Blue Shale</u>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-13-00</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>1-31-00</u> under the business name of <u>Weninger Irrigation</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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																											