

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>Sedgwick</u>		<u>N 1/4 SW 1/4 NE 1/4</u>		<u>26</u>		T <u>29</u> S		R <u>2</u> E <u>W</u>	
Distance and direction from nearest town or city?				Street address of well if located within city? <u>Same</u>					

2 WATER WELL OWNER: <u>Gerry Pock</u>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: <u>301 Michle</u>		Application Number:	
City, State, ZIP Code: <u>Clearwater Ks, 67036</u>			

3 DEPTH OF COMPLETED WELL: <u>36</u> ft. Bore Hole Diameter: <u>11</u> in. to ... ft., and ... in. to ... ft.	
Well Water to be used as:	
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
<u>7</u> Lawn and garden only	
8 Air conditioning	
9 Dewatering	
11 Injection well	
12 Other (Specify below)	
10 Observation well	
Well's static water level: <u>18</u> ft. below land surface measured on <u>10</u> month <u>20</u> day <u>79</u> year	
Pump Test Data	
Est. Yield <u>60</u> gpm:	Well water was <u>19</u> ft. after <u>1/2</u> hours pumping <u>16</u> gpm
Well water was <u>19</u> ft. after <u>1/2</u> hours pumping <u>16</u> gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: <u>Glued</u> ... Clamped	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)	
2 PVC		4 ABS		7 Fiberglass		Welded	
Blank casing dia: <u>5</u> in. to <u>29</u> ft., Dia		Casing height above land surface: <u>12</u> in., weight		<u>1.50</u> lbs./ft. Wall thickness or gauge No. <u>200</u>		Threaded	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement			
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
11 Other (specify)		12 None used (open hole)					
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		3 Mill slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify)	
Screen-Perforation Dia: <u>5</u> in. to ... ft., Dia		Screen-Perforated Intervals: From <u>29</u> ft. to <u>36</u> ft., From ... ft. to ... ft.		Gravel Pack Intervals: From <u>10</u> ft. to <u>36</u> ft., From ... ft. to ... ft.			

5 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other	
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From ... ft. to ... ft.									
What is the nearest source of possible contamination:		1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage	
<u>2</u> Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		14 Abandoned water well	
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		15 Oil well/Gas well	
						13 Watertight sewer lines		16 Other (specify below)	
Direction from well: <u>W</u> How many feet: <u>40</u>		Water Well Disinfected? <u>Yes</u> No							
Was a chemical/bacteriological sample submitted to Department? <u>Yes</u> No		If yes, date sample was submitted: ... month ... day ... year		Pump Installed? <u>Yes</u> No					
If Yes: Pump Manufacturer's name: ... Model No. ... HP ... Volts		Depth of Pump Intake: ... ft.		Pumps Capacity rated at: ... gal./min.					
Type of pump:		1 Submersible		2 Turbine		3 Jet		4 Centrifugal	
								5 Reciprocating	
								6 Other	

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>10</u> month <u>20</u> day <u>79</u> year	
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 <u>6</u> month <u>29</u> day <u>89</u> year under the business name of <u>Wenger Pilling</u> by (signature) <u>[Signature]</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		<u>0</u>		<u>2</u>		<u>Top soil</u>							
		<u>2</u>		<u>13</u>		<u>Red clay</u>							
		<u>13</u>		<u>36</u>		<u>Med gravel</u>							
ELEVATION:													

Depth(s) Groundwater Encountered		1. ... ft.		2. ... ft.		3. ... ft.		4. ... ft.		(Use a second sheet if needed)	
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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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EW

SEC.

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N 1/4 SW 1/4 NE 1/4