

1 LOCATION OF WATER WELL: County: <u>Sumner</u>		Fraction: <u>NW 1/4 NE 1/4 SW 1/4</u>	Section Number: <u>23</u>	Township Number: <u>32 S</u>	Range Number: <u>1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>206 E. Botkin, Wellington, KS 67152</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :			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>18</u> ft. ELEVATION: <u>1182.95</u>		
			Depth(s) Groundwater Encountered 1. <u>7</u> ft. 2. _____ ft. 3. _____ ft.		
			WELL'S STATIC WATER LEVEL <u>1176.84</u> ft. below land surface measured on mo/day/yr <u>7-13-95</u>		
			Pump test data: Well water was <u>N/A</u> ft. after _____ hours pumping _____ gpm		
			Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		
			Bore Hole Diameter <u>8</u> in. to <u>18</u> 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 ☒ Monitoring well <u>MU-7</u>		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒			If yes, mo/day/yr sample was submitted _____		
Water Well Disinfected? Yes _____ No ☒					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>2</u> in. to <u>8</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued _____ Clamped _____			
Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft.		Wall thickness or gauge No. <u>40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Will slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From <u>6</u> ft. to <u>18</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>6</u> ft. to <u>18</u> ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		3 Cement grout		5 Bentonite	
Grout Intervals: From <u>1</u> ft. to <u>6</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>NE</u>				How many feet? <u>220</u>	
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
1	0.5	Gravel FILL			
0.5	7	silty clay			
7	17	clay			
17	18	shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>6-28-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>571</u> This Water Well Record was completed on (mo/day/yr) <u>11-6-95</u> under the business name of <u>BPAT</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.					