

1 LOCATION OF WATER WELL:		County: <u>SUMNER</u>		Fraction: <u>NE 1/4 NE 1/4 SW 1/4</u>	Section Number: <u>23</u>	Township Number: <u>T 32 S</u>	Range Number: <u>R 1 E/W</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:			
				Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>426-78 2.08</u> below land surface measured on mo/day/yr <u>7-13-95</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was <u>N/A</u> ft. after _____ hours pumping _____ gpm Bore Hole Diameter... <u>8</u> in. to <u>1.5</u> ft., and _____ in. to _____ ft.			
				WELL WATER TO BE USED AS: <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input checked="" type="checkbox"/> 7 Lawn and garden only <input checked="" type="checkbox"/> 10 Monitoring well <u>MW-6</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:				CASING JOINTS:			
<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS Blank casing diameter <u>2</u> in. to <u>5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>				<input type="radio"/> 5 Wrought iron <input type="radio"/> 8 Concrete tile Glued _____ Clamped _____ <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) Welded _____ <input type="radio"/> 7 Fiberglass Threaded <input checked="" type="checkbox"/>			
TYPE OF SCREEN OR PERFORATION MATERIAL:				SCREEN OR PERFORATION OPENINGS ARE:			
<input type="radio"/> 1 Steel <input type="radio"/> 3 Stainless steel <input type="radio"/> 5 Fiberglass <input checked="" type="radio"/> 0 PVC <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 8 RMP (SR) <input type="radio"/> 7 None used (open hole)				<input type="radio"/> 1 Continuous slot <input checked="" type="radio"/> 3 Mill slot <input type="radio"/> 8 Saw cut <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 9 Drilled holes <input type="radio"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:				GRAVEL PACK INTERVALS:			
From <u>5</u> ft. to <u>15</u> ft.				From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.				From _____ ft. to _____ ft.			
From <u>3</u> ft. to <u>15</u> ft.				From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.				From _____ ft. to _____ ft.			
6 GROUT MATERIAL:							
Grout Intervals: From <u>0.5</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
<input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input checked="" type="radio"/> 10 Livestock pens <input type="radio"/> 14 Abandoned water well <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input checked="" type="radio"/> 11 Fuel storage <input type="radio"/> 15 Oil well/Gas well <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 16 Other (specify below) _____ <input type="radio"/> 13 Insecticide storage							
Direction from well? <u>NW</u>				How many feet? <u>330</u>			
LITHOLOGIC LOG				PLUGGING INTERVALS			
FROM	TO			FROM	TO		
<u>0</u>	<u>8</u>	<u>silty clay</u>					
<u>8</u>	<u>15</u>	<u>clay; tr gravel + sand</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-6-95</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> by (signature) <u>Bj Ellif</u> under the business name of <u>BDAT</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.