

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SUMNER		NW ¼ SE ¼ NW ¼	15	T 32 S	R 1 E W
Distance and direction from nearest town or city street address of well if located within city? SEE BELOW					
2 WATER WELL OWNER: MARK SAFFELL RR#, St. Address, Box #: 33 CRESTWAY City, State, ZIP Code: WELLINGTON, KS 67152 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: 66 ft. ELEVATION: 5-14-96			
		Depth(s) Groundwater Encountered 22 ft.			
		WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 15-20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 11 in. to 66 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 10 Monitoring well			
		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)		CASING JOINTS: Glued <u>X</u> Clamped _____	
<u>5</u> PVC		4 ABS		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 160 PSI					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Asbestos-cement	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		6 Concrete tile		11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3</u> Mill slot		8 Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
<u>3</u> Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
				13 Insecticide storage	
Direction from well? EAST				How many feet? 15	
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		2		TOP SOIL	
2		18		CLAY	
18		19		MEDIUM SAND	
19		66		CHARCOAL SHALE	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-14-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318 This Water Well Record was completed on (mo/day/yr) 5-15-96 under the business name of WENINGER DRILLING, INC. by (signature) Karina L. Brasser					

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.