

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: Summer		SW ¼ SE ¼ NW ¼	14	T 32 S	R 1 EW						
Distance and direction from nearest town or city street address of well if located within city? Parking Lot at 313 North Washington, Wellington, KS											
2 WATER WELL OWNER: Federal Time											
RR#, St. Address, Box #: 323 N. WASHINGTON City, State, ZIP Code: Wellington KS 67152											
Board of Agriculture, Division of Water Resources Application Number: MWB											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 25' ft. ELEVATION:									
<div style="text-align: center;">N <table border="1" style="margin: auto; width: 150px; height: 150px;"><tr><td>NW</td><td>NE</td></tr><tr><td>X</td><td></td></tr><tr><td>SW</td><td>SE</td></tr></table> S W ← → E Mile</div>		NW	NE	X		SW	SE	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter .8 in. to 2.5 in. to _____ in. to _____ 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No O			
NW	NE										
X											
SW	SE										
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded ✓									
1 Steel 3 RMP (SR)											
② PVC 4 ABS											
Blank casing diameter _____ in. to _____ ft.											
Casing height above land surface _____ in., weight _____ lbs./ft.											
TYPE OF SCREEN OR PERFORATION MATERIAL:		⑤ PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
④ Continuous slot 3 Mill slot		6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched		7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS:		From 25' ft. to 5' ft.									
GRAVEL PACK INTERVALS:		From 25' ft. to 4' ft.									
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____									
Grout Intervals: From 4' ft. to 1' ft.											
What is the nearest source of possible contamination:		1 Septic tank 4 Lateral lines 7 Pit privy ⑪ Fuel storage 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well		3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____									
Direction from well? North		How many feet? 150									
FROM		TO		LITHOLOGIC LOG	PLUGGING INTERVALS						
6"		15'		Silty Clay							
15		16'		Medium-Coarse Sand							
16		25'		Silty Clay							
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) 7-17-70 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. C34 This Water Well Record was completed on (mo/day/yr) 7-20-70 under the business name of Shirley Ann Testing LLC by (signature) M. Shirliff											
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.											

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