

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	Sumner	SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	14	T 32 S	R 1 W

Distance and direction from nearest town or city street address of well if located within city?

323 N. Washington, Wellington

2	WATER WELL OWNER:	Federal Tire	
	RR#, St. Address, Box #	323 N. Washington	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code	Wellington, KS 67152	Application Number:

<div style="border: 1px solid black; padding: 5px;"> <p>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div> </div>	<p>4 DEPTH OF COMPLETED WELL <u>25</u> ft. ELEVATION: <u>1222.49 (TOC)</u></p> <p>Depth(s) Groundwater Encountered <u>1</u> <u>21.86</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>17.28</u> ft. below land surface measured on mo/day/yr <u>01/24/08</u></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter <u>8.5</u> in. to <u>25</u> ft. and _____ in. to _____ ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> </tr> <tr> <td colspan="2"></td> <td>7 Lawn and garden (domestic)</td> <td colspan="2" style="border: 2px solid black; padding: 2px;">10 Monitoring well</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected? Yes _____ No <u>X</u></p>	1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)			7 Lawn and garden (domestic)	10 Monitoring well	
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5 TYPE OF BLANK CASING USED: 1 Steel <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 PVC</div> 3 RMP (SR) 4 ABS 7 Fiberglass		5 Wrought iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____ Welded _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Threaded</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Flush</div>					
Blank casing diameter		2	in. to	15	ft., Dia	in. to	ft., Dia	in. to	ft.
Casing height above land surface		Flushmount		in., weight	0.703	lbs./ft. Wall thickness or gauge No.		SCH. 40	
TYPE OF SCREEN OR PERFORATION MATERIAL:						<div style="border: 1px solid black; padding: 2px; display: inline-block;">7 PVC</div> 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) _____ 12 None used (open hole) _____			
1 Steel		3 Stainless steel		5 Fiberglass		8 Concrete tile		9 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)			
1 Continuous slot		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3 Mill slot</div>		6 Wire wrapped		9 Drilled holes		10 Other (specify) _____	
2 Louvered shutter		4 Key punched		7 Torch cut					
SCREEN-PERFORATED INTERVALS:		From	15	ft. to	25	ft. From		ft. to	
		From		ft. to		ft. From		ft. to	
GRAVEL PACK INTERVALS:		From	13	ft. to	25	ft. From		ft. to	
		From		ft. to		ft. From		ft. to	

6	GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other				
Grout Intervals		From	1	ft. to	13	ft. From	ft. to	ft. From	ft. to	ft.
What is the nearest source of possible contamination:						10 Livestock pens	14 Abandoned water well			
1	Septic tank	4	Lateral lines	7	Pit privy	11	Fuel storage	15	Oil well/ Gas well	
2	Sewer lines	5	Cess pool	8	Sewage lagoon	12	Fertilizer storage	16	Other (specify below)	
3	Watertight sewer lines	6	Seepage pit	9	Feedyard	13	Insecticide storage			
Direction from well?						How many feet?				

[illegible]

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/yr) 01/31/08 and this record is true to the best of my knowledge and belief, Kansas
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 2/14/08
under the business name of Geotechnical Services Inc. by (signature) [Signature]

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.