

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																														
County: Sumner		SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$		25		T 32 S		R 1 W																																																																														
Distance and direction from nearest town or city street address of well if located within city? 320 Southwest Rd. - Wellington																																																																																						
2 WATER WELL OWNER: City of Wellington																																																																																						
RR#, St. Address, Box # : 317 S. Washington																																																																																						
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																																																																																	
					35 ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 27.3 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 35 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 X																																																																																	
5 TYPE OF BLANK CASING USED:																																																																																						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ 7 Fiberglass _____ Threaded Flush Blank casing diameter 2 in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 30 in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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) 1 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 35 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 23 ft. to 35 ft. From _____ ft. to _____ ft.																																																																																						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																						
Grout Intervals From 0 ft. to 23 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 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage Direction from well? _____ How many feet? _____																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td></td> <td>Fill</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>20</td> <td></td> <td>Sand, fine to coarse grained, yellow gray, some gravel, with clay below 15.5'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>25</td> <td></td> <td>Silty Sand, brown to light brown, with clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>35</td> <td></td> <td>Sand, coarse grained, dark brown green clay between 26' and 30', with small gravel below 30'</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	4		Fill				4	20		Sand, fine to coarse grained, yellow gray, some gravel, with clay below 15.5'				20	25		Silty Sand, brown to light brown, with clay				25	35		Sand, coarse grained, dark brown green clay between 26' and 30', with small gravel below 30'																																													
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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) 06/24/10 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) 07/13/10 under the business name of Geotechnical Services Inc. by (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.																																																																																						

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