

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sumner</u>		<u>SE 1/4 SE 1/4</u>	<u>3</u>	<u>T 32 S</u>	<u>R 1E</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>1 1/2 miles West of 91 Highway at the north edge of Wellington</u>					
2 WATER WELL OWNER: <u>City of Wellington</u>					
RR#, St. Address, Box # : <u>317 S. Washington</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Wellington, KS 67152</u>				Application Number: <u>18</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>54</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>34</u> 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: <u>7 7/8</u> in. to _____ 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)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>18</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				9 Other (specify below)	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		2 Mill slot		3 Gauzed wrapped	
2 Louvered shutter		4 Key punched		5 Wire wrapped	
				6 Torch cut	
				7 Other (specify)	
SCREEN-PERFORATED INTERVALS:					
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		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., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>Don't Know</u>	
Direction from well? _____					
How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Tough soil & Clay			
16	19	Sandy Clay			
19	22	Yellow Sandy Clay			
22	47	Gray shale			
47	49 1/2	hard shale			
49 1/2	54	Clay - Shale Mix			
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) <u>5-8-91</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>506</u> This Water Well Record was completed on (mo/day/yr) <u>6-1-91</u>					
under the business name of <u>Metz Water Well Service</u> by (signature) <u>Dennis Metz</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					