

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sumner</u>		<u>NC SW NW</u>	<u>13</u>	<u>32 S</u>	<u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city: <u>In Wellington - town</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number: <u>12</u>			
City, State, ZIP Code : <u>Wellington, KS 67152</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>58</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>50</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>7/8</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial ⑦ Lawn and garden only 10 Monitoring well 12 Other (Specify below)			
		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:		CASING JOINTS: Glued <u>X</u> Clamped _____			
1 Steel 3 RMP (SR) ② PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)			
Blank casing diameter <u>5</u> in. to <u>38</u> 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:		10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)			
1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile		8 RMP (SR) 9 ABS			
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole) 9 Drilled holes			
1 Continuous slot ③ Mill slot 2 Louvered shutter 4 Key punched		7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>38</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>38</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>36</u> ft. to <u>38</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) <u>Dont know</u> 13 Insecticide storage			
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		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>18</u>	<u>Soil + Clay</u>			
<u>18</u>	<u>25</u>	<u>Sand</u>			
<u>25</u>	<u>58</u>	<u>Shale</u>			
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>May 1991</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>June 1991</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.					

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