

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sumner</u>		<u>SE NW</u>	<u>14</u>	T <u>32</u> S	R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1302 N. Washington, Wellington, KS</u>					
2 WATER WELL OWNER: <u>Norman Deschaine</u>					
RR#, St. Address, Box #: <u>1302 N Washington</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Wellington, KS 67152</u>				Application Number: <u>24</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>51</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered <u>1</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>31</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:		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 <u>31</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		8 Concrete tile			
Casing height above land surface <u>18</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____		9 Other (specify below) _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		CASING JOINTS: Glued <u>X</u> Clamped _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		7 RMP (SR)			
1 Continuous slot		2 Mill slot		8 Saw cut	
2 Louvered shutter		4 Key punched		9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From <u>31</u> ft. to <u>31</u> ft. From _____ ft. to _____ ft.		10 Asbestos-cement			
GRAVEL PACK INTERVALS: From <u>31</u> ft. to <u>51</u> ft. From _____ ft. to _____ ft.		11 Other (specify) _____			
		12 None used (open hole)			
GROUT MATERIAL:		1 Neat cement			
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft. From <u>29</u> ft. to <u>31</u> ft.		2 Cement grout			
What is the nearest source of possible contamination:		3 Bentonite			
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	
Direction from well?		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) _____			
		How many feet? _____			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	Soil + Clay			
25	37	gray shale			
37	39	Brown shale			
39	51	Flakes of white			
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>5-16-91</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>6-6-91</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.					