

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sumner</u>		<u>NL NE SE</u>	<u>13 16</u>	T <u>32</u> S	R <u>1</u> E/W <u>(N)</u>
Distance and direction from nearest town or city street address of well, if located within city? <u>Swimming Pool - 1101 W. Harvey, Wellington, KS</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>City of Wellington</u> <u>317 S. Washington</u>		Application Number: <u>13</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>76</u> ft. ELEVATION: _____			
Diagram of a section box divided into four quadrants: NW, NE, SW, SE. An 'X' is marked in the center.		Depth(s) Groundwater Encountered 1. <u>50</u> ft. 2. <u>75</u> ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>33</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 <u>Public Swimming Pool</u>			
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)		Welded _____			
<u>2 PVC</u> 4 ABS		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>56</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			
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:		8 Saw cut 11 None (open hole)			
1 Continuous slot <u>5 Mill slot</u>		9 Drilled holes			
2 Louvered shutter 4 Key punched		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>56</u> ft. to <u>76</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>56</u> ft. to <u>76</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		3 Bentonite 4 Other _____			
1 Neat cement <u>2 Cement grout</u>					
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>54</u> ft. to <u>56</u> 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		<u>Don't know</u>			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>16</u>	<u>Soil & Clay</u>			
<u>16</u>	<u>36</u>	<u>fine sand</u>			
<u>36</u>	<u>41</u>	<u>shale</u>			
<u>41</u>	<u>43</u>	<u>Dark brown clay</u>			
<u>43</u>	<u>45</u>	<u>Dark brown lime stone</u>			
<u>45</u>	<u>52</u>	<u>sand & shale</u>			
<u>53</u>	<u>76</u>	<u>Blue shale</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-1-91</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.					