

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																
County: <u>Sumner</u>		<u>SW 1/4 NW 1/4</u>	<u>26</u>	T <u>32</u> S <u>3</u>	R <u>1</u> EW <u>1</u>																																																
Distance and direction from nearest town or city street address of well if located within city? <u>lot 9, Blk 4, Shaw Valley - W. 1/4 TWP</u>																																																					
2 WATER WELL OWNER: <u>Lawrence Norris</u>																																																					
RR#, St. Address, Box #: <u>Rt. 3</u>																																																					
City, State, ZIP Code: <u>Wellington, Kansas 67152</u>																																																					
Board of Agriculture, Division of Water Resources Application Number: <u>27</u>																																																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>110</u> ft. ELEVATION:																																																			
		Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. _____ ft. 3. _____ ft.																																																			
		WELL'S STATIC WATER LEVEL <u>18</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: _____ in. to _____ ft., and _____ in. to _____ ft.																																																			
WELL WATER TO BE USED AS:																																																					
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 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____																																																					
Blank casing diameter <u>5</u> in. to <u>18</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:																																																					
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:																																																					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes																																																					
7 Torch cut 10 Other (specify) _____																																																					
SCREEN-PERFORATED INTERVALS: From <u>90</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft.																																																					
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GRAVEL PACK INTERVALS: From <u>90</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft.																																																					
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6 GROUT MATERIAL:																																																					
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>16</u> ft. to <u>18</u> 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) <u>Don't know</u> 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>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Soil & Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>10</td> <td>Lt. Green Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>42</td> <td>Dark Gray Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>43</td> <td>Shale & Brn. Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>43</td> <td>45</td> <td>Brown Shale & clay Mix</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>48</td> <td>tan shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>48</td> <td>110</td> <td>Gray shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	5	Soil & Clay				5	10	Lt. Green Shale				10	42	Dark Gray Shale				42	43	Shale & Brn. Clay				43	45	Brown Shale & clay Mix				45	48	tan shale				48	110	Gray shale			
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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/year) <u>5-23-91</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>6-7-91</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																					

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