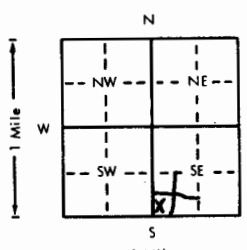


1 LOCATION OF WATER WELL		Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number <u>16</u>	Township Number <u>T 23 S</u>	Range Number <u>R 2 E</u>
County: <u>Harvey</u>		Distance and direction from nearest town or city? <u>6 miles E of Newton</u>			
2 WATER WELL OWNER: <u>Lange Brothers Const.</u>		Street address of well if located within city? <u>Floodwater Retarding # 15 well #3</u>			
RR#, St. Address, Box #: <u>1631 50 Hoyer Rd</u>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>Wichita KS 67209</u>		Application Number:			
3 DEPTH OF COMPLETED WELL: <u>30</u> ft. 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 8 Air conditioning 11 Injection well		2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)			
Well's static water level: <u>3</u> ft. below land surface measured on _____ month _____ day _____ year		Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm			
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm		4 TYPE OF BLANK CASING USED:			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____		2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____			
Blank casing dia: <u>4</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Threaded _____			
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No _____		TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement		2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____			
Screen or Perforation Openings Are:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes		2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____			
Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		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.		5 GROUT MATERIAL:			
1 Neat cement 2 Cement grout 3 Bentonite 4 Other		Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well			
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well		2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) _____			
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines		Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____		If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____			
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.		Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other			
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year		and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>363</u>			
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Braddy water wells</u> by (signature) <u>Richard Braddy</u>		7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			
		FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG			
ELEVATION: <u>Flat</u>		30 15 Natural earth materials			
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)		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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.			

OFFICE USE ONLY

T 93

R 2

EW

SEC.

SW 1/4 SW 1/4 SE 1/4