

| | | | | | |
|--|------------------------|-----------------------------|----------------|-----------------|---------------|
| 1 | LOCATION OF WATER WELL | Fraction | Section Number | Township Number | Range Number |
| County: | <i>Sedgwick</i> | <i>SE 1/4 NW 1/4 NW 1/4</i> | <i>22</i> | <i>T 25 S</i> | <i>R 1 EW</i> |
| Distance and direction from nearest town or city, street address of well if located within city? | | | | | |

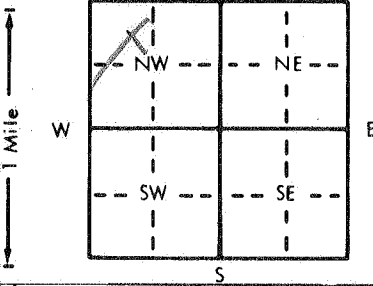
1/4 E of Hydraulic on 101st N. 5 280

2 WATER WELL OWNER: Ray Boose
RR#, St. Address, Box #: 1525 E. SUNNYDALE Boose Subdivision
City, State, ZIP Code: VALLEY CENTER, KS

Board of Agriculture, Division of Water Resources
Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N 4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 50 ft. 2. _____ ft. 3. _____ ft.



4 DEPTH OF COMPLETED WELL. 60 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 50 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 50 gpm Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 10 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) |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

| | | | | | |
|---|----------------------------|------------|-------------------|-------------------------|--|
| 5 | TYPE OF BLANK CASING USED: | | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued Clamped Welded Threaded |
| | 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | |
| | 2 PVC | 4 ABS | 7 Fiberglass | | |
| | | | | | |

Blank casing diameter 5 . . . in. to ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 12 . . . in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) |
| | | | 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 70 ft. to 60 ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 20 ft. to 60 ft., From ft. to ft.

From ft. to ft., From ft. to ft.

9] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 3 ft. to 20 ft. From ft. to ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 <u>Septic tank</u> | 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) |
| | | | 13 Insecticide storage | |

| | |
|----------------------|----------------|
| Direction from well? | How many feet? |
|----------------------|----------------|

[illegible]

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) 9/23/85 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 9/26/85 under the business name of KEISEN WELLS, INC. by (signature) Jerry Keisen

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.