

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | WATER WELL RECORD FORM<br><u>NW ¼ NW ¼ SW ¼</u> |  | Section Number<br><u>17</u>                                                                                                                                                                                                         |  | Township Number<br>T <u>26</u> S |  | Range Number<br>R <u>1</u> E |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>5710 N. Seneca (cased well in utility room)</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # :<br>City, State, ZIP Code :<br><u>MAJOR E. KING</u><br><u>5710 N. SENEC A</u><br><u>Wichita, Ks 67204</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  | Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                      |  |                                  |  |                              |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                 |  | <b>4 DEPTH OF COMPLETED WELL.</b> <u>33'6"</u> ft. <b>ELEVATION:</b> _____ ft.                                                                                                                                                      |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                                                                                                                                                             |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  | WELL'S STATIC WATER LEVEL <u>21'3"</u> ft. below land surface measured on mo/day/yr <u>12-3-01</u>                                                                                                                                  |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  | 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:<br>① Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>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 _____                                                                                                 |  |                                  |  |                              |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br>1 Steel                  3 RMP (SR)<br><u>② PVC</u> 4 ABS<br>Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                                                 |  |                                                 |  | <b>CASING JOINTS:</b> Glued _____ Clamped _____<br>Welded _____ Threaded _____<br>5 Wrought iron      8 Concrete tile<br>6 Asbestos-Cement    9 Other (specify below)<br>7 Fiberglass                                               |  |                                  |  |                              |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel                  3 Stainless steel                  5 Fiberglass<br>2 Brass                  4 Galvanized steel               6 Concrete tile                  8 RMP (SR)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot      3 Mill slot                          5 Gauzed wrapped              8 Saw cut<br>2 Louvered shutter    4 Key punched                     6 Wire wrapped                  9 Drilled holes<br>7 Torch cut                  10 Other (specify) _____<br>11 None (open hole) |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____<br>Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                            |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>What is the nearest source of possible contamination:</b><br>1 Septic tank                  4 Lateral lines                  7 Pit privy<br><u>② Sewer lines</u> 5 Cess pool                      8 Sewage lagoon<br>3 Watertight sewer lines    6 Seepage pit                  9 Feedyard                                                                                                                                                                                                                                                                                       |  |                                                 |  | 10 Livestock pens <u>⑭ Abandoned water well</u><br>11 Fuel storage                  15 Oil well/Gas well<br>12 Fertilizer storage            16 Other (specify below) _____<br>13 Insecticide storage<br>How many feet? <u>~10'</u> |  |                                  |  |                              |  |
| Direction from well? <u>E</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                 |  | <b>FROM</b>                                                                                                                                                                                                                         |  | <b>TO</b>                        |  | <b>PLUGGING INTERVALS</b>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  | 33'6"                                                                                                                                                                                                                               |  | 0                                |  | Build Crete                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-3-01</u> 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) <u>12-5-01</u> under the business name of _____ by (signature) <u>Major E. King</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.                                                                                                                                                                                                                     |  |                                                 |  |                                                                                                                                                                                                                                     |  |                                  |  |                              |  |