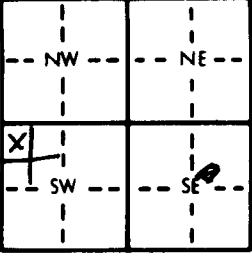
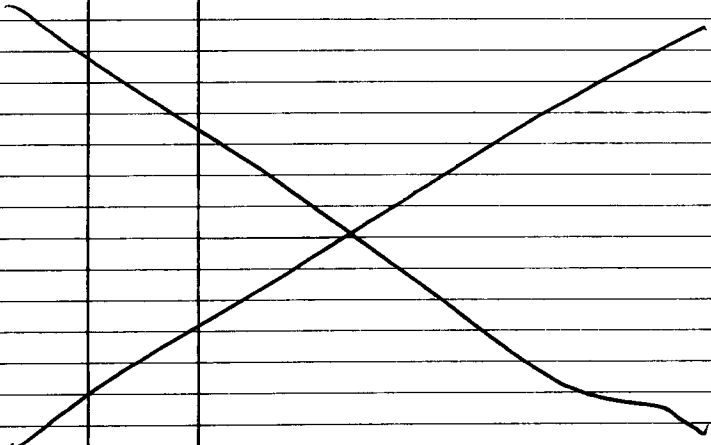


1 LOCATION OF WATER WELL: County: <u>Sedgewick</u>		Fraction: <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number: <u>17</u>	Township Number: <u>T 26 S</u>	Range Number: <u>R 1 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5710 N. SENECA (Sand point at S.E. corner of house)</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number: _____			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>30' 7"</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <u>30' 7"</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23' 1"</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:			
1 <u>Domestic</u>		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 _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 <u>Steel</u>		3 RMP (SR)	5 Wrought iron	8 Concrete tile	
2 PVC		14 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter <u>1 1/4</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass			Threaded _____
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
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:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot	6 Wire wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	7 Torch cut	9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Other (specify) _____			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		2 Cement grout	3 Bentonite		
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		4 Lateral lines	7 Pit privy	14 <u>Abandoned water well</u>	
2 <u>Sewer lines</u>		5 Cess pool	8 Sewage lagoon	15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	16 Other (specify below)	
Direction from well? <u>E</u>		How many feet? <u>8'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>30' 7"</u>	<u>0</u>	<u>Bldcrete</u>
					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> 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 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. Hune</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.