

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedawick</u>		<u>NE 1/4 NE 1/4 SW 1/4</u>	<u>16</u>	T <u>26</u> S <u>1</u>	R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>Aircap Dr. Intersection</u> <u>~ 2500' South of N. 1st Street and ~ 2500' North of N. 53rd St, Park City, KS</u>					
2 WATER WELL OWNER: <u>Carey, Thomas, Homer, and Breauit</u>					
RR#, St. Address, Box #: <u>800 E. Central Ave, #200</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Wichita, KS 67206</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION:			
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>14.33</u> ft. below land surface measured on mo/day/yr <u>10-21-02</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: <u>8</u> in. to <u>35</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10 Monitoring well MW-8</u>			
Was a chemical/bacteriological sample submitted to Department? Yes. <u>No</u> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued. _____ Clamped. _____					
<u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>2</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight <u>Sch 40</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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 <u>3</u> 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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From _____ ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>35</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____					
Grout Intervals: From <u>18</u> ft. to <u>2</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>Manufacturer</u>					
13 Insecticide storage					
Direction from well? <u>West</u> How many feet? <u>~2600'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	0.5	Vegetation, topsoil	29.0	33.0	Gravel
0.5	3.0	Dark brown silty clay, moist	33.0	35.0	Grey shale, bedrock
		no odor			
3.0	7.0	Dark tan brown silty clay with			
		trace sand, moist, no odor			
7.0	13.0	Tan, brown, silty clay, moist,			
		no odor			
13.0	21.0	Tan brown clay, high plasticity			
		moist, no odor			
21.0	23.0	Tan brown clay w/ gravel,			
		high plasticity, moist, no odor			
23.0	28.5	Olive brown silty clay with			
		trace sand, moist, no odor			
28.5	29.0	Fragmented limestone			
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>10/18/02</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's Licence No. <u>614</u> This Water Well Record was completed on (mo/day/yr) <u>12/5/02</u>					
under the business name of <u>MAXIM Technologies</u> by (signature) <u>William Stiffed</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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					