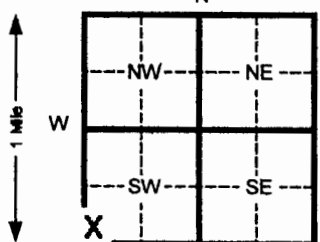
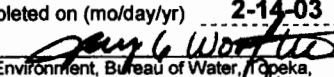


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>SW ¼ SW ¼ SW ¼</b>	<b>8</b>		<b>T 26 S</b>		<b>R 1</b>	
Distance and direction from nearest town or city street address of well if located within city?								
2 WATER WELL OWNER: <b>L &amp; L Snacks</b> <b>OW: Leeken Family Foods</b>								
RR#, St. Address, Box #: <b>6209 North Broadway</b> <b>6223 N. Broadway</b> Board of Agriculture, Division of Water Resources								
City, State, ZIP Code: <b>Wichita, Ks 67201</b> <b>Wichita Ks 67201</b> <b>MW-28</b> Application Number:								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>25</b> ft. ELEVATION: <b>1341.82</b>					
			Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>17.27</b> ft. below land surface measured on mo/day/yr 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 <b>8</b> in. to <b>25</b> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>					
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped								
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____								
7 Fiberglass _____ Threaded _____								
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>								
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) _____								
12 None used (open hole) _____								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <b>8</b> 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 <b>10</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other _____								
Grout intervals From <b>0</b> ft. to <b>2</b> ft. From <b>2</b> ft. to <b>8</b> 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) <b>Contaminated site</b>								
13 Insecticide storage								
Direction from well? _____ How many feet? _____								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
<b>0 .5 Asphalt</b>								
<b>.5 1.5 Gravel</b>								
<b>1.5 4 Clay</b>								
<b>4 15 Silty clay to clayey silt</b>								
<b>15 25 Fine to medium grained sand, Loose, scattered gravel.</b>								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was _____								
completed on (mo/day/yr) <b>11-21-02</b> and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>2-14-03</b>								
under the business name of <b>Woofter Pump and Well Inc.</b> by (signature) 								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.								

OFFICE USE ONLY

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