

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: SEDGWICK		SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	9	T 26S S	R 1E E/W	
Distance and direction from nearest town or city street address of well if located within city? 6701 N. BROADWAY; WICHITA						
2 WATER WELL OWNER: JERRI HOFFINE						
RR#, St. Address, Box # : 6701 N. BROADWAY Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : WICHITA, KS Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 12 ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 7/25/04				
		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 10 in. to 40 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 <u>Lawn and garden (domestic)</u> 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes X No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped						
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded _____						
Blank casing diameter 5 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 8 PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 RMP (SR) 11 Other (specify)						
7 ABS 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 <u>Mill slot</u> 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 30 ft. to 40 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 24 ft. to 40 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>Bentonite</u> 4 Other						
Grout Intervals From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank 4 <u>Lateral lines</u> 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? NORTH How many feet? 120						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	8		BROWN CLAY			
8	12		SANDY CLAY			
12	24		MED/COARSE SAND/GRAVEL			
24	40		DARK GRAY SAND			
RECEIVED						
AUG 19 2004						
BUREAU OF WATER						
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/yr) 7/25/04 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 8/12/04						
under the business name of CHASE DRILLING by (signature) <i>R. Chase</i>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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