

ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>17</u>	T <u>26</u> (S)	R <u>1E</u> (W)
Distance and direction from nearest town or city street address of well if located within city? <u>5502 N. Salina Wichita KS 67204</u>					
2 WATER WELL OWNER: <u>Chris Cousins</u>					
RR#, St. Address, Box # : City, State, ZIP Code : <u>5502 N. Salina Wichita KS 67204</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH:		4 DEPTH OF COMPLETED WELL <u>30</u> ft. ELEVATION:			
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered 1 <u>25</u> ft. 2 _____ ft. 3 _____ ft.			
<div><div><div>N</div><div>W</div><div>S</div><div>E</div></div><div><div><div>X</div><div>-NW-</div><div>-NE-</div><div>-SW-</div><div>-SE-</div></div></div></div>		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>12-1-87</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL WATER TO BE USED AS:			
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 2 Brass 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____					
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-Cement 11 Other (Specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
Continuous slot 3 Mill slot 4 Key punched 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)					
Direction from well? <u>SE</u> How many feet? _____					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
<u>30</u> <u>10</u> <u>Sand & Gravel</u>					
<u>10</u> <u>0</u> <u>Cement Grout</u>					
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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No _____ This Water Well Record was completed on (mo/day/yr) <u>12-1-87</u> under the business name of _____ by (signature) <u>Chris Cousins</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					