

1 LOCATION OF WATER WELL: County: <u>Sedwich</u>		Fraction <u>NW ¼ NW ¼ NW ¼</u>	Section Number <u>19</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>2435 W 53rd N, Wichita</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number: <u>James T. Ross</u> <u>825 E. 2nd</u> <u>Wichita, KS 67202</u> <u>ASI-4</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>22</u> ft. ELEVATION: _____ ft.			
<p>A diagram showing a section box divided into four quadrants labeled NW, NE, SW, SE. An 'X' is marked in the NW quadrant.</p>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>12</u> 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 <u>8</u> in. to <u>22</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 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 _____ Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface _____ in., weight <u>.154</u> lbs./ft. Wall thickness or gauge No. <u>.716</u>		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) _____ 7 Fiberglass Welded _____ Threaded <u>X</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 6 Wire wrapped 9 Drilled holes 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS:					
From <u>20</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From <u>18</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> <u>18</u> 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>18</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>contaminated site</u> Direction from well? _____ How many feet? _____					
LITHOLOGIC LOG		PLUGGING INTERVALS			
FROM	TO			FROM	TO
<u>0</u>	<u>2</u>	<u>Surface soil</u>			
<u>2</u>	<u>8</u>	<u>silty clay</u>			
<u>8</u>	<u>15</u>	<u>fine sand w/ some gravel</u>			
<u>15</u>	<u>22</u>	<u>sand & gravel</u>			
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/year) <u>4-22-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>5-2-98</u> under the business name of <u>Woelfter Pumps Well, Inc.</u> by (signature) <u>Jay C. Woelfter</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.					