

1 LOCATION OF WATER WELL: County: <u>Adair</u>	Fraction <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	Section Number <u>17</u>	Township Number <u>T 26</u> S	Range Number <u>R 1</u> EW
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Distance and direction from nearest town or city street address of well if located within city?

6102 n Geneva Wichita

2 WATER WELL OWNER: <u>Don W. Barton</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>6102 n Geneva</u>	Application Number: <u>1300</u>
City, State, ZIP Code: <u>Wichita Kan 67204</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION: <u>1300</u>
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	Depth(s) Groundwater Encountered <u>11</u> ft. 2. <u>11</u> ft. 3. <u>11</u> ft.
	WELL'S STATIC WATER LEVEL <u>11</u> ft. below land surface measured on mo/day/yr <u>4-26-88</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 _____ in. to _____ ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	
1 Domestic <u>2</u> Irrigation	3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation 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 <u>X</u>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 2 PVC 3 RMP (SR) 4 ABS	6 Asbestos-Cement 9 Other (specify below) 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:	7 PVC 10 Asbestos-cement
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 11 Other (specify) _____ 12 None used (open hole)	

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS:	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.

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.	

What is the nearest source of possible contamination:	10 Livestock pens 14 Abandoned water well
1 Sewer 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 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 15 How many feet? <u>15</u> 16 Other (specify below)	
Direction from well? <u>South</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	11'	Pulled 1 1/4 Sand Point & Plugged with cement grout flush with Basement floor			

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>4-26-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/yr) <u>4-26-88</u> under the business name of <u>Beardon Pump & Well Ser</u> by (signature) <u>David R. Bech</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.