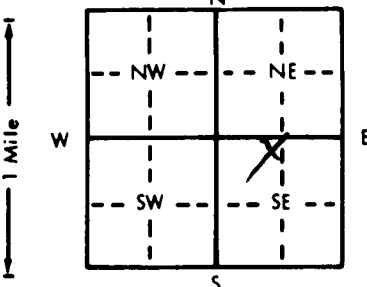


1 LOCATION OF WATER WELL: County: <u>Sedg</u>		Fraction: <u>N 1/4 E 1/4 S 1/4</u>	Section Number: <u>19</u>	Township Number: <u>T 26 S</u>	Range Number: <u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>See Below</u>					
2 WATER WELL OWNER: <u>Chuck Baldwin</u> RR#, St. Address, Box #: <u>4815 N. Bison</u> City, State, ZIP Code: <u>Wichita KS 67220</u> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL: <u>46</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>6-10-94</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 USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded Blank casing diameter <u>5</u> in. to ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface <u>60</u> in. weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole) <input checked="" type="checkbox"/> SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Torch cut <input type="checkbox"/> 10 Other (specify) <input checked="" type="checkbox"/> SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> 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: <input checked="" type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout Intervals: From <u>18</u> ft. to <u>6</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) 13 Insecticide storage <input type="checkbox"/> Direction from well? How many feet? <u>PLUGGING INTERVALS</u> FROM TO LITHOLOGIC LOG FROM TO <u>Well in basement</u> <u>WAS plugged -></u> <u>6 18 Cement</u> <u>18 46 GRAVEL</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) <u>6-10-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>6-13-94</u> under the business name of <u>Wenger Dully</u> by (signature) <u>Wenger</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.					