

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Sealock</u>		<u>NW 1/4 NE 1/4 SW 1/4</u>		<u>2W</u>		<u>T 26 S</u>		<u>R 1 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>SAME AS BELOW</u>									
2 WATER WELL OWNER: <u>REX BARSTON</u>									
RR#, St. Address, Box #: <u>822 RYNDAES</u>									
City, State, ZIP Code: <u>Wichita, KS 67204</u>									
Board of Agriculture, Division of Water Resources									
Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>250</u>							
		Depth(s) Groundwater Encountered <u>15</u> ft. 2. <u>15</u> ft. 3. <u>15</u> ft.							
		WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>5-18-91</u>							
		Pump test data: Well water was <u>15</u> ft. after <u>2</u> hours pumping <u>12</u> gpm							
		Est. Yield <u>30</u> gpm: Well water was <u>15</u> ft. after <u>2</u> hours pumping <u>12</u> gpm							
		Bore Hole Diameter <u>10</u> in. to <u>35</u> ft. and <u>10</u> in. to <u>35</u> ft.							
		WELL WATER TO BE USED AS:							
		5 Public water supply 8 Air conditioning 11 Injection well							
		☒ 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 <u>No</u> If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes <u>No</u>							
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>Clamped</u>									
☒ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
7 Fiberglass Threaded									
Blank casing diameter <u>5</u> in. to <u>25</u> ft., Dia <u>5</u> in. to <u>25</u> ft., Dia <u>5</u> in. to <u>25</u> ft.									
Casing height above land surface <u>12</u> in., weight <u>2.6</u> lbs./ft. Wall thickness or gauge No. <u>See 26</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 5 Gauzed wrapped ☒ Saw cut 11 None (open hole)									
3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From <u>25</u> ft. to <u>35</u> ft., From <u>25</u> ft. to <u>35</u> ft.									
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>35</u> ft., From <u>15</u> ft. to <u>35</u> ft., From <u>15</u> ft. to <u>35</u> ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From <u>2</u> ft. to <u>15</u> ft., From <u>15</u> ft. to <u>35</u> ft., From <u>15</u> ft. to <u>35</u> 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)									
13 Insecticide storage									
How many feet? <u>25</u> <u>5</u>									
Direction from well?									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0</u> <u>2</u> <u>SAND</u>									
<u>2</u> <u>10</u> <u>CLAY</u>									
<u>10</u> <u>18</u> <u>FINE SAND</u>									
<u>18</u> <u>35</u> <u>Med</u>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>5-18-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>463</u> This Water Well Record was completed on (mo/day/yr) <u>6-15-91</u> under the business name of <u>REA</u> by (signature) <u>[Signature]</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.									