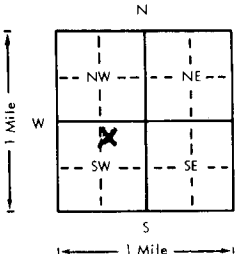


<b>1 LOCATION OF WATER WELL</b>		Fraction	Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>NW</b> ¼ <b>NE</b> ¼ <b>SW</b> ¼	<b>33</b>		<b>T 26 S</b>		<b>R 1 E/W</b>	
Distance and direction from nearest town or city? <b>Wichita</b>				Street address of well if located within city? <b>30th &amp; Mead</b>				
<b>2 WATER WELL OWNER:</b> <b>The Coleman Company</b>				<b>Well No. 2 (TH 4-79)</b>				
RR#, St. Address, Box #: <b>259 North St. Francis</b>				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <b>Wichita, Kansas 67201</b>				Application Number:				
<b>3 DEPTH OF COMPLETED WELL</b> <b>44</b> ft. Bore Hole Diameter <b>30</b> in. to <b>44</b> ft. and ..... in. to ..... ft.								
Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only 10 Observation well								
Well's static water level <b>9</b> ft. below land surface measured on <b>5-29 May</b> month <b>9</b> day <b>80</b> year								
Pump Test Data <b>448</b> : Well water was <b>18</b> ft. after <b>2</b> hours pumping <b>448</b> gpm								
Est. Yield gpm: Well water was ..... ft. after ..... hours pumping gpm								
<b>4 TYPE OF BLANK CASING USED:</b>								
<input checked="" type="checkbox"/> Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
				7 Fiberglass		<input checked="" type="checkbox"/> Welded		
Blank casing dia <b>12"</b> in. to <b>29</b> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.								
Casing height above land surface <b>12</b> in. weight <b>43.77</b> lbs./ft. Wall thickness or gauge No <b>330</b>								
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>								
1 Steel		<input checked="" type="checkbox"/> 3 Stainless steel		5 Fiberglass		8 RMP (SR)		
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		3 Mill slot		5 Gauzed wrapped		8 Saw cut		
2 Louvered shutter		4 Key punched		<input checked="" type="checkbox"/> 6 Wire wrapped		9 Drilled holes		
				7 Torch cut		10 Other (specify) .....		
						11 None (open hole)		
Screen-Perforation Dia <b>12</b> in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.								
Screen-Perforated Intervals: From <b>29</b> ft. to <b>44</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
Gravel Pack Intervals: From <b>15</b> ft. to <b>44</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
<b>5 GROUT MATERIAL:</b>								
1 Neat cement		<input checked="" type="checkbox"/> 2 Cement grout		3 Bentonite		4 Other .....		
Grouted Intervals: From <b>5</b> ft. to <b>15</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.								
What is the nearest source of possible contamination:								
1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage		
<input checked="" type="checkbox"/> 2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		
						13 Watertight sewer lines		
						14 Abandoned water well		
						15 Oil well/Gas well		
						16 Other (specify below) .....		
Direction from well <b>West</b> How many feet <b>200</b> ? Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes: Pump Manufacturer's name <b>Layne</b> Model No. <b>BPRNC</b> HP <b>25</b> Volts <b>460</b>								
Depth of Pump Intake <b>33</b> ft. Pumps Capacity rated at <b>365</b> gal./min.								
Type of pump: <input checked="" type="checkbox"/> 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other								
<b>6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> (1) constructed <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on <b>August</b> month <b>29</b> day <b>1980</b> year								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>102</b>								
This Water Well Record was completed on <b>August</b> month <b>29</b> day <b>1980</b> year under the business name of <b>Layne Western Company, Inc.</b> by (signature) <b>[Signature]</b>								
<b>7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	7	Top soil				
		7	44	Med. gravel				
ELEVATION:								
Depth(s) Groundwater Encountered 1. <b>9'</b> ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)								
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.								