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|--|----|--|--|-----------------------------|--|----------------------------------|--|--------------------------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgewick</u><br>Distance and direction from nearest town or city street address of well if located within city?<br><u>Approx. 1/4 mile West of Kechi, North Side Road.</u>  |    | Fraction<br><u>N 1/4 S 1/4 E 1/4</u>   |  | Section Number<br><u>11</u> |  | Township Number<br><u>T 26 S</u> |  | Range Number<br><u>R 1 E/W</u> |  |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code :  |    | R. A. GLASSE<br>4120 E. 61st N.<br>WICHITA, KS.  |  |                             |  |                                  |  |                                |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |    | 4 DEPTH OF COMPLETED WELL: <u>52</u> ft. ELEVATION: _____<br>Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr _____<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br>5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes. <u>No</u> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? <u>Yes</u> No |  |                             |  |                                  |  |                                |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel<br><u>2 PVC</u><br>Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <u>18</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____  |    | 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped _____<br>6 Asbestos-Cement 9 Other (specify below) <u>Welded</u> _____<br>7 Fiberglass _____ Threaded _____   |  |                             |  |                                  |  |                                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS   |    | 10 Asbestos-cement 11 Other (specify) _____<br>12 None used (open hole)  |  |                             |  |                                  |  |                                |  |
| SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3 Mill slot</u><br>2 Louvered shutter 4 Key punched  |    | 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) _____   |  |                             |  |                                  |  |                                |  |
| SCREEN-PERFORATED INTERVALS: From <u>32</u> ft. to <u>52</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |    | GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>52</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |  |                             |  |                                  |  |                                |  |
| 6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.   |    | What is the nearest source of possible contamination:<br><u>1 Septic tank</u> <u>4 Lateral lines</u> 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>13 Insecticide storage<br>Direction from well? _____ How many feet? <u>+50</u>   |  |                             |  |                                  |  |                                |  |
| FROM TO LITHOLOGIC LOG   |    | FROM TO LITHOLOGIC LOG   |  |                             |  |                                  |  |                                |  |
| 0  | 7  | Earth  |  |                             |  |                                  |  |                                |  |
| 7  | 20 | Brown Clay   |  |                             |  |                                  |  |                                |  |
| 20   | 27 | Red Bed  |  |                             |  |                                  |  |                                |  |
| 27   | 35 | Brown Clay   |  |                             |  |                                  |  |                                |  |
| 35   | 40 | Red Bed  |  |                             |  |                                  |  |                                |  |
| 40   | 52 | Gray Shale   |  |                             |  |                                  |  |                                |  |
| 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>Sept 10, 1984</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>424</u> This Water Well Record was completed on (mo/day/yr) <u>June 12, 1984</u><br>under the business name of <u>FEISERER WELL DRILLING</u> by (signature) <u>John Feiserer</u><br>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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. |    |  |  |                             |  |                                  |  |                                |  |