

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>NW 1/4 NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>17</u>	Township Number <u>T 27 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>25' EAST & 65' SOUTH OF SW COR. BITTING & 13TH ST.</u> <u>MW-4</u>					
2 WATER WELL OWNER: <u>JAMES GOOLSBY</u> RR#, St. Address, Box # : <u>547 N. HANDLEY</u> City, State, ZIP Code : <u>WICHITA, KANSAS 67203</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>20</u> ft. ELEVATION: <u>1306.55</u>			
<div style="border: 1px solid black; padding: 5px; text-align: center;">1 Mile W NW NE SW SE E</div>		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>13.81</u> ft. below land surface measured on mo/day/yr <u>10/18/95</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 <u>8</u> in. to <u>20</u> in. and _____ in. to _____ in.		WELL WATER TO BE USED AS:			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial 7 Lawn and garden only 10 <u>Monitoring well</u>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>_____</u> If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No <u>_____</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____			
<u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____			
Blank casing diameter <u>2</u> in. to <u>10</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		<u>7 PVC</u> 10 Asbestos-cement _____			
Casing height above land surface <u>0</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>		11 Other (specify) _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		12 None used (open hole)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 <u>Bentonite</u> 4 Other _____					
Grout intervals: From <u>2</u> ft. to <u>8</u> ft. From _____ ft. to _____ 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		15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 16 Other (specify below) _____					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 13 Insecticide storage					
Direction from well? <u>Northwest</u>		How many feet? <u>50</u>			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 3 Fill Sand					
3 5 Silt, sandy, brown					
5 6 Sand, silty, brown					
6 7 Silt, sandy					
7 8 Sand, silty					
8 10 Silt, sandy					
10 16 Sand, fine to medium					
16 20 Sand & gravel, saturated					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10/10/95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>524</u> This Water Well Record was completed on (mo/day/yr) <u>10/30/95</u> under the business name of <u>ALLIED LABORATORIES</u> by (signature) <u>Robert L. Brownell</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. <u>000021</u>					