

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <u>Sedgwick</u>		<u>NW NW ¼ NE ¼ NE ¼</u>	<u>27</u>	<u>T 27 S</u>	<u>R 1 E W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>Located within City of Wichita city limits.</u>						
2 WATER WELL OWNER:						
RR#, St. Address, Box # : <u>Mr Richard Ralls</u> <u>5051 Lincoln Apt 10A</u>						
City, State, ZIP Code : <u>Wichita, Kansas 67218</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>31</u> ft. ELEVATION: <u>Approx 1300</u>				
<p>A diagram of a section box divided into four quadrants labeled NW, NE, SW, and SE. An 'X' is marked in the NE quadrant. To the left of the diagram is a vertical scale bar labeled '1 Mile'. To the right is a horizontal scale bar labeled '1 Mile'.</p>		Depth(s) Groundwater Encountered 1. <u>Approx. 15</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>6</u> ft. below land surface measured on mo/day/yr				
		Pump test data: Well water was <u>6</u> ft. after <u>1 1/4</u> hours pumping <u>13-14</u> gpm				
		Est. Yield <u>30</u> gpm: Well water was <u>Well recharged within seconds</u> ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter <u>7</u> in. to <u>3 1/2</u> ft., and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:						
5 Public water supply 8 Air conditioning 11 Injection well						
1 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 _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes <u>X</u> No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____						
② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass Threaded _____						
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass ⑦ PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____						
9 ABS 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped ⑧ Saw cut 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes						
7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>31</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>31</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____						
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ 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						
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)						
Direction from well? <u>Home is 75' South of the well</u> How many feet? _____						
FROM		TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'		3'	Brown-black clay soil			
3'		15'	Tan sticky gumbo clay			
15'		28'	Medium and coarse sand			
			Water loss was easily controlled			
28'		31'	Light gray and gray clay			
31'			Very hard shale - no samples returned, stopped drilling			
			Pump Installed			
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>Nov. 19, 1997</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>529</u> . This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Stable Water Well Drilling and Services</u> by (signature) <u>William J. Hobbs</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.						

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