

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>4</u>	<u>T 27 S</u>	<u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2909 N. MEAD, WICHITA, KS</u>					
2) WATER WELL OWNER:					
RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:			
<u>EXCEL CORPORATION</u> <u>2901 N. MEAD</u> <u>WICHITA, KS</u>					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>44.6</u> ft. ELEVATION: <u>1315</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>14.2</u> ft. below land surface measured on mo/day/yr _____			
		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>30</u> in. to <u>45</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 <u>4 Industrial</u> 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5) TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
<u>1 Steel</u> 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter <u>12.75</u> in. to <u>34.6</u> ft., Dia _____ in. to _____ ft. Casing height above land surface <u>2.5</u> in., weight <u>43.77</u> lbs./ft. Wall thickness or gauge No. <u>0.330</u>		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass Welded <input checked="" type="checkbox"/> Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		SCREEN-PERFORATED INTERVALS:			
1 Steel <u>3 Stainless steel</u> 2 Brass 4 Galvanized steel SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot <u>2 Covered shutter</u> 4 Key punched		5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)			
GRAVEL PACK INTERVALS:		PLUGGING INTERVALS			
From <u>20.0</u> ft. to <u>44.6</u> ft.		FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS			
		43 20 CHLORINATED GRAVEL 20 0 SAND/CEMENT GROUT			
6) GROUT MATERIAL:					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft.		1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other _____ 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) <u>SLAUGHTER HOUSE</u> 13 Insecticide storage			
Direction from well? <u>SURROUNDING IT</u>		How many feet? <u>0</u>			
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>6/26/00</u>		and this record is true to the best of my knowledge and belief. Kansas			
Water Well Contractor's License No. <u>SEI</u>		This Water Well Record was completed on (mo/day/yr) <u>7/31/00</u>			
under the business name of <u>LAYNE WESTERN, A DIVISION OF LAYNE</u>		by (signature) <u>Kenneth J. Layne</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.					