

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>NE ¼ NE ¼ SE ¼</b>		<b>22</b>		<b>T 27 S</b>		<b>R 01 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>3001 E. Douglas, Wichita</b>									
2 WATER WELL OWNER:		<b>Wayman Bros. Conoco</b>							
RR#, St. Address, Box #		<b>6199 S. Oliver</b>							
City, State, ZIP Code		<b>Derby, KS 67037</b>							
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 <b>32</b> ft. ELEVATION: <b>1307.92 (TOC)</b>							
		Depth(s) Groundwater Encountered 1 <b>24.5</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>23.62</b> ft. below land surface measured on mo/day/yr <b>12-05-05</b>							
		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 <b>8.5</b> in. to <b>32</b> ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <b>Flush</b>									
Blank casing diameter <b>2</b> in. to <b>17</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 <b>Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <b>17</b> ft. to <b>32</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>15</b> ft. to <b>32</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____									
Grout Intervals From <b>0.5</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 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)									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>0.66</b>		<b>Asphalt</b>						
<b>0.66</b>	<b>5</b>	<b>CH</b>	<b>Clay, high plasticity, very stiff, dark brown</b>						
<b>5</b>	<b>12.5</b>	<b>CH</b>	<b>Silty Clay, mod to high plasticity, soft to mod soft, red brown</b>						
<b>12.5</b>	<b>14</b>	<b>CH</b>	<b>Clay, high plasticity, stiff, block, brown</b>						
<b>14</b>	<b>19</b>	<b>CH</b>	<b>Silty Clay mod to high plasticity, soft to med stiff, red brown</b>						
<b>19</b>	<b>24</b>	<b>SW</b>	<b>Sand, med to coarse grained, poorly sorted, dark gray</b>						
<b>24</b>	<b>32</b>	<b>SWG</b>	<b>Sand &amp; Gravel, med to very coarse grain, poorly sorted</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-05-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>1-20-06</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>Alison [Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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