

1 LOCATION OF WATER WELL: County: <u>Sedgewick</u>		Fraction: <u>SW 1/4 NW 1/4 SE 1/4</u>	Section Number: <u>27</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>2426 Menlo</u>					
2 WATER WELL OWNER: <u>Jeff Logan</u>					
RR#, St. Address, Box #: <u>2426 Menlo</u>				Board of Agriculture, Division of Water Resources Application Number: _____	
City, State, ZIP Code: <u>Wichita, KS 67211</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL & ELEVATION:			
		Depth(s) Groundwater Encountered: <u>Plugged</u> ft.			
		Well's Static Water Level: <u>9 - 8 1/2</u> ft. below land surface measured on (mo/day/yr): <u>12/16/2006</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>(7) Domestic (lawn & garden)</u> 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 2 PVC		3 RMP (SR) 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	
Blank casing diameter: <u>1 1/4"</u> in. to _____ ft. Dia.		Casing joints: Glued _____ Clamped _____ Welded _____ Threaded _____		8 Concrete tile 9 Other (specify below) _____	
Casing height above land surface: _____ in., weight _____ lbs./ft.		Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass		3 Stainless Steel 4 Galvanized Steel		5 Fiberglass 6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut		8 Sew out 9 Drilled holes 10 Other (specify) <u>NA</u>	
1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched		11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit		7 Pit privy 8 Sewage lagoon 9 Feedyard	
				10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	
				14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
Direction from well? <u>above</u> How many feet? _____					
FROM		TO		LITHOLOGIC LOG	
				FROM TO PLUGGING INTERVALS	
				<u>bottom</u> <u>2" below basement floor</u> Type V Cement grout	
				<u>2"</u> <u>floor level</u> Quikrete Hydraulic Cement	
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>12/16/2006</u> , and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> . This Water Well Record was completed on (mo/day/yr): <u>12/16/2006</u> under the business name of <u>NA</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRINT FULLY and PRINT clearly. Please fill in blanks, underline or make the number answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420 Topeka, Kansas 66612-1367. Telephone 785-296-8682. Send one to WATER WELL OWNER and retain one for your records. Fee of \$6.00 for each constructed well.					