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|--|--|-----------------------|---|----------------|---|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Sedgwick | | SW ¼ NW ¼ SW ¼ | | 15 | | T 27 S | | R 1 E | |
| Distance and direction from nearest town or city street address of well if located within city? Approx. 430' W of Minnesota and Murdock - Wichita | | | | | | | | | |
| 2 WATER WELL OWNER: Union Pacific Railroad | | | | | | | | | |
| RR#, St. Address, Box # : 1416 Dodge St., Rm. 930 | | | | | Board of Agriculture, Division of Water Resources | | | | |
| City, State, ZIP Code : Omaha, NE 68179 | | | | | Application Number: | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF COMPLETED WELL 25.5 ft. ELEVATION: | | | | | | |
| | | | Depth(s) Groundwater Encountered 1 15 ft. 2 _____ ft. 3 _____ ft. | | | | | | |
| | | | WELL'S STATIC WATER LEVEL _____ 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 12 in. to 25.5 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) 10 Monitoring well | | | | | | |
| | | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted | | | | | | |
| | | | Water Well Disinfected? Yes _____ No X | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ | | | | | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ | | | | | | | | | |
| 7 Fiberglass _____ Threaded Flush | | | | | | | | | |
| Blank casing diameter 6 in. to 5.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | | | | | | | |
| Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40 | | | | | | | | | |
| 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) _____ | | | | | | | | | |
| 3 Mill slot 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 5.5 ft. to 25.5 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 4.5 ft. to 25.5 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 1 ft. to 4.5 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 | | | | | | | | | |
| 0 5 Topsoil, with silt, brown to dark brown | | | | | | | | | |
| 5 10 Clayey Silt, brown | | | | | | | | | |
| 10 25.5 Sand, fine to medium grained, light brown to brown | | | | | | | | | |
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| 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/yr) 10/22/08 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | |
| Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11/12/08 | | | | | | | | | |
| under the business name of Geotechnical Services Inc. by (signature) <i>[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. | | | | | | | | | |