

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedg</u>		<u>SE 1/4 SW 1/4 SW 1/4</u>	<u>7</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>2221 W. 14th St.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Application Number:			
City, State, ZIP Code:		<u>Wichita KS 67203</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>50</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>2-25-98</u>			
		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 _____ in. to _____ ft. and _____ in. to _____ ft.			
		WELL WATER <del>TO BE</del> USED AS:			
		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 _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel		3 RMP (SR)		Welded _____	
2 PVC		4 ABS		Threaded _____	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <u>3 ft. Below</u> weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC      10 Asbestos-cement			
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
		6 Concrete tile		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot		3 Mill slot		8 Saw cut	
2 Louvered shutter		4 Key punched		9 Drilled holes	
		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens      14 Abandoned water well			
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
		7 Pit privy		14 Abandoned water well	
		8 Sewage lagoon		15 Oil well/Gas well	
		9 Feedyard		16 Other (specify below) _____	
Direction from well? <u>South</u>		How many feet? <u>75 ft.</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>50</u>	<u>6</u>	<u>Sand + Gravel 8.64 ft.</u>
			<u>6</u>	<u>3</u>	<u>Neat Cement 0.59 ft.</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>2-25-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>2-28-98</u> under the business name of _____ by (signature) <u>Scott Hollinger</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.					

OFFICE USE ONLY

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