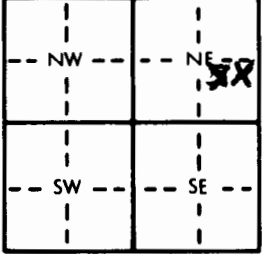


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>NE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>7</u>	Township Number <u>T 27s S</u>	Range Number <u>R 1E EW</u>																																								
Distance and direction from nearest town or city street address of well if located within city? <u>1811 GARLAND</u>																																													
2 WATER WELL OWNER: <u>Mark A. Loib</u> RR#, St. Address, Box #: <u>1811 Garland</u> City, State, ZIP Code: <u>Wichita, KS 67203</u> Board of Agriculture, Division of Water Resources Application Number: _____																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>1.6</u> ft. below land surface measured on mo/day/yr <u>2-14-94</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 TYPE USED AS: <table border="0" style="width:100%;"><tr><td>1 Domestic</td><td>3 Feedlot</td><td>6 Oil field water supply</td><td>9 Dewatering</td><td>12 Other (Specify below)</td></tr><tr><td>2 Irrigation</td><td>4 Industrial</td><td>7 Lawn and garden only</td><td>10 Monitoring well</td><td></td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>NA</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>NA</u> No _____				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																															
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5 TYPE OF BLANK CASING USED: <table border="0" style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought iron</td><td>8 Concrete tile</td><td>CASING JOINTS: Glued _____ Clamped _____</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>9 Other (specify below)</td><td>Welded _____</td></tr><tr><td></td><td></td><td>7 Fiberglass</td><td></td><td>Threaded _____</td></tr></table> Blank casing diameter <u>3 3/4</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>36</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <table border="0" style="width:100%;"><tr><td>1 Steel</td><td>3 Stainless steel</td><td>5 Fiberglass</td><td>8 RMP (SR)</td><td>11 Other (specify) <u>NA</u></td></tr><tr><td>2 Brass</td><td>4 Galvanized steel</td><td>6 Concrete tile</td><td>9 ABS</td><td>12 None used (open hole)</td></tr></table> SCREEN OR PERFORATION OPENINGS ARE: <table border="0" style="width:100%;"><tr><td>1 Continuous slot</td><td>3 Mill slot</td><td>5 Gauzed wrapped</td><td>8 Saw cut</td><td>11 None (open hole)</td></tr><tr><td>2 Louvered shutter</td><td>4 Key punched</td><td>6 Wire wrapped</td><td>9 Drilled holes</td><td></td></tr><tr><td></td><td></td><td>7 Torch cut</td><td>10 Other (specify)</td><td></td></tr></table> SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						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 _____	1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>NA</u>	2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	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)	
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6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 Other Grout Intervals: From <u>0</u> ft. to <u>6</u> ft., From <u>6</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table border="0" style="width:100%;"><tr><td>1 Septic tank</td><td>4 Lateral lines</td><td>7 Pit privy</td><td>10 Livestock pens</td><td>14 Abandoned water well</td></tr><tr><td>2 <u>Sewer lines</u></td><td>5 Cess pool</td><td>8 Sewage lagoon</td><td>11 Fuel storage</td><td>15 Oil well/Gas well</td></tr><tr><td>3 Watertight sewer lines</td><td>6 Seepage pit</td><td>9 Feedyard</td><td>12 Fertilizer storage</td><td>16 Other (specify below)</td></tr><tr><td></td><td></td><td></td><td>13 Insecticide storage</td><td></td></tr></table> Direction from well? <u>NORTH</u> How many feet? <u>5</u>						1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well	2 <u>Sewer lines</u>	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																					
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				<u>20</u>	<u>40</u>	<u>CHLORINATED SAND & GRAVEL</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>3-11-94</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>3-11-94</u> under the business name of _____ by (signature) <u>Bob OK</u>																																													