

HP

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number		
County: <b>SEDGWICK</b>		<b>SW 1/4 SE 1/4 NE 1/4</b>	<b>8</b>	<b>T 27 S</b>	<b>R 1 EW</b>		
Distance and direction from nearest town or city street address of well if located within city? <b>1847 WELLINGTON PLACE, WICHITA KANS</b>							
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box # : <b>PO BOX 67203</b>		Application Number: <b>NONE</b>					
City, State, ZIP Code : <b>800 SHADYWAY WICHITA KS</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>36</b> ft. ELEVATION: <b>1300'</b>					
		Depth(s) Groundwater Encountered <b>15</b> ft. (7' from BASEMENT)					
		WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr <b>10/13/82</b>					
		Pump test data: Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm					
		Est. Yield <b>70</b> gpm. Well water was <b>NA</b> ft. after <b>NA</b> hours pumping <b>NA</b> gpm					
		Bore Hole Diameter <b>9</b> in. to <b>10</b> ft. and <b>6</b> in. to <b>36</b> ft.					
		WELL WATER TO BE USED AS:					
		<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well					
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted					
		Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped					
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 AMP (SR) <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)					
Blank casing diameter <b>5</b> in. to <b>25</b> ft. Dia <b>BASEMENT 1 INCHES</b>		Weight <b>1.59</b> lbs./ft. Wall thickness or gauge No. <b>209</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 AMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS		<input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut    11 None (open hole)					
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)					
SCREEN-PERFORATED INTERVALS:		From <b>24</b> ft. to <b>36</b> ft.					
GRAVEL PACK INTERVALS:		From <b>NONE</b> ft. to <b>NONE</b> ft.					
6 GROUT MATERIAL:		1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout    3 Bentonite    4 Other					
Grout Intervals: From <b>0</b> ft. to <b>10</b> ft.		From <b>0</b> ft. to <b>10</b> ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below)		How many feet? <b>20</b>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG	
<b>0</b>	<b>13</b>	<b>SAND TAN MED</b>					
<b>13</b>	<b>18</b>	<b>SAND GREY MED</b>					
<b>18</b>	<b>36</b>	<b>SAND TAN COARSE</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10-13-82</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>104</b> This Water Well Record was completed on (mo/day/yr) <b>11/17/82</b> under the business name of <b>BERDEN PUMP &amp; WELL</b> by (signature) <i>Ch W Berden</i>							
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

T

27

R

1

EW

SEC.

8

SW

1/4

SE

1/4

NE

1/4