

[1] LOCATION OF WATER WELL: County: SEDGWICK		Fraction <u>NE SE SW ¼ SW ¼</u>	Section Number <u>8</u>	Township Number <u>T27S</u>	Range Number <u>R1E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1435 WOODLAND WICHITA KS 67203</u>					
[2] WATER WELL OWNER: JAMES E. / RENEE L. HEARN					
RR#, St. Address, Box # : <u>1603 WOODLAND</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>WICHITA, KS 67203</u>				Application Number:	
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		[4] DEPTH OF COMPLETED WELL <u>34 ft.</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on mo/day/yr <u>7/14/92</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 TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>7 Lawn and garden only</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:					
Blank casing diameter <u>4</u> in. to _____ ft., Dia.in. to _____ ft., Dia.in. to _____ ft.					
Casing height above land surface. ... <u>1 ft. below</u> in., weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
[6] GROUT MATERIAL:					
Grout Intervals: From, To, From, To, From, To, From, To					
What is the nearest source of possible contamination:					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			34		Concrete complete casing depth to surface of concrete basement floor.
[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>7/14/92</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>8/6/92</u> under the business name of _____ by (signature) <u>Jamie E. Hearn</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.