

Copy - 06

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NE 1/4 NW 1/4 NE 1/4	Section Number 9	Township Number T 27 S	Range Number R 1E E/W
--	---	----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

247 FEET EAST OF INDIANA AND 200 FEET NORTH OF 20th STREET**WELL #T-2**

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	DERBY REFINING COMPANY P. O. BOX 1030 WICHITA, KANSAS 67201	Board of Agriculture, Division of Water Resources Application Number:
---	--	--

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION: 12.5 ft.
--	---

1 Mile

W

E

S

Depth(s) Groundwater Encountered 1. **12.5** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **12.5** ft. below land surface measured on mo/day/yr **10-26-82**

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 **8** in. to **24** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
10 Observation 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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
X 2 PVC	4 ABS	7 Fiberglass	10 Asbestos-cement
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.			11 Other (specify)
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. SCHEDULE 200			12 None used (open hole)
TYPE OF SCREEN OR PERFORATION MATERIAL:	X 7 PVC		
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	X 8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	X 2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
X 2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/Gas well
			13 Insecticide storage	16 Other (specify below)
Direction from well? WEST			How many feet? 100	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	12.0	SILTY CLAY			
12.0	16.0	SANDY CLAY			
16.0	25.0	SAND			
25.0		BOTTOM OF HOLE			

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) _____ 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) _____ under the business name of _____ by (signature) _____

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, 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

R

DN

SEC.

1/4

1/4

1/4

1/4

1/4