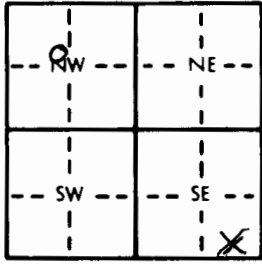
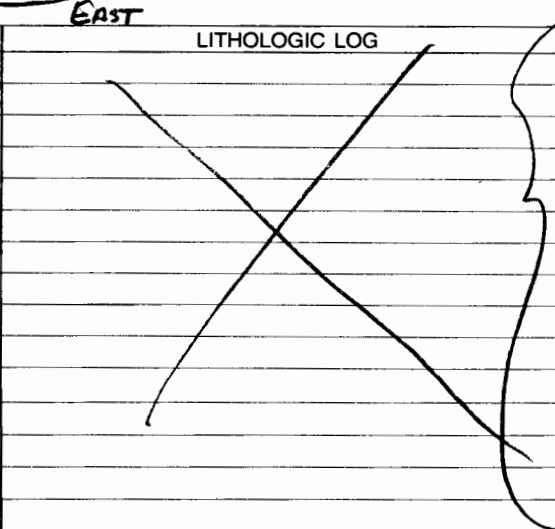


| | | | | | | |
|---|--|---|--|--|-------------------------------|---------------------------|
| 1 LOCATION OF WATER WELL: County: SEOGWICK | | Fraction SE 1/4 NW 1/4 | | Section Number 19 | Township Number T 27 S | Range Number R 1 E |
| Distance and direction from nearest town or city street address of well if located within city? Wichita City Limits | | | | | | |
| 2 WATER WELL OWNER: RR#, St. Address, Box # : JOSEPH A. ROTH 2225 ST LOUIS City, State, ZIP Code : WICHITA, KS 67203 | | | | 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 11 1/2 ft. ELEVATION: Depth(s) Groundwater Encountered 11 ft. below land surface measured on mo/day/yr 3/17/93 WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr 3/17/93 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: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well <input type="checkbox"/> Other (Specify below) 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: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS | | 5 Wrought iron <input type="checkbox"/> 8 Concrete tile 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) | | CASING JOINTS: Glued _____ Clamped _____ Welded _____ <input checked="" type="checkbox"/> Threaded _____ | | |
| Blank casing diameter 1 1/4 in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 24" in., weight _____ lbs./ft. Wall thickness or gauge No. _____ | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (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"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) NA <input type="checkbox"/> 12 None used (open hole) | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <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) NA | | | | |
| 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: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From 2 ft. to 1 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage Direction from well? EAST How many feet? 4 FT | | | | | | |
| FROM TO LITHOLOGIC LOG | | FROM TO PLUGGING INTERVALS | | | | |
|  | | FROM 11.5 TO 1 as SAND TO FLOOR | | | | |
| | | FROM 1 TO 0 as 1 FT SAND + 1 FT CEMENT | | | | |
| 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) 3/17/93 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) 3/17/93 under the business name of _____ by (signature) Joseph A. Roth | | | | | | |