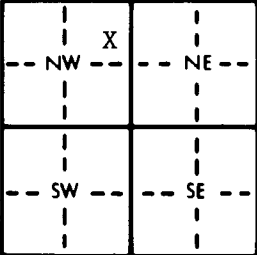


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SE 1/4 NE 1/4 NW 1/4	28	T 27 S	R 01E E/W
Distance and direction from nearest town or city street address of well if located within city? NW corner of Indianapolis and Mosley (~300 feet west of RR Track)					
2 WATER WELL OWNER: KDHE RR#, St. Address, Box #: Bldg 740 City, State, ZIP Code: Topeka, Kansas MW4S 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: 23.5 ft. ELEVATION: 1294.4100 at meas. pt.			
		Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. WELL'S STATIC WATER LEVEL . . 15.65 . . ft. below land surface measured on mo/day/yr . 4/27/90 . . . . . 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 . . 6 . . . . 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes. <input checked="" type="checkbox"/> No. . . . .; If yes, mo/day/yr sample was submitted Voc Analysis 4/30/90 Water Well Disinfected? Yes No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . . 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . . 2 PVC 4 ABS 7 Fiberglass . . . . . Threaded. <input checked="" type="checkbox"/> Blank casing diameter . . . . 2 . . . . in. to . . . . 18.5 . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft. Casing height above land surface . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. Schedule 40 . . . . . TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . . 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 0.010 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . . . SCREEN-PERFORATED INTERVALS: From . . . . 18.5 . . . . ft. to . . . . 23.5 . . . . ft., From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft. GRAVEL PACK INTERVALS: From . . . . 14.5 . . . . ft. to . . . . 23.5 . . . . ft., From . . . . . ft. to . . . . . ft. From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . . Grout Intervals: From . . . . 13.2 . . . . ft. to . . . . 14.5 . . . . ft., From . . . . 0 . . . . ft. to . . . . 13.2 . . . . ft., From . . . . . ft. to . . . . . ft. What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? VOCs Detected in the groundwater-Ind. FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 4 v dk to dk grey-brn clayey fill material, compacted 4 6 med brn silty sd (vf grained); dry, loose 6 8 lt y-orange-brn silty sd (vf grained); moist 8 13 lt y-orange-brn silty sd, (vf to med grained, coarsening downward) 13 20 med y-orange-brn sd (vf to med grained), trace c to vc sand 20 24 med orange-brn to med grey-orange-brn silty sd(vf to c grained), trace vc sd & f gravel					
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) 4/19/90 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) 7/10/90 under the business name of KDHE - PAM CHAFFEE by (signature) Pamela R. Chaffee					
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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