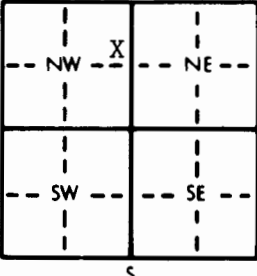


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>		Section Number <u>28</u>	Township Number <u>T 27 S</u>	Range Number <u>R 01E E/W</u>																																										
Distance and direction from nearest town or city street address of well if located within city? <u>SW corner of Indianapolis and Washington (~300 ft west of corner)</u>																																																
2 WATER WELL OWNER: <u>KDHE</u> RR#, St. Address, Box # <u>Forbes Field Bldg 740</u> <u>MW7S</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code <u>Topeka, Kansas</u> Application Number: _____																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>22.025</u> ft. ELEVATION: <u>1295.6788</u> at meas. pt. Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>16.3</u> ft. below land surface measured on mo/day/yr <u>4/27/90</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 <u>6</u> in. to <u>24</u> in. 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 <u>10 Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No _____; If yes, mo/day/yr sample was submitted <u>4/30/90-VOC analysis</u> Water Well Disinfected? Yes _____ No <u>X</u>																																														
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded <u>X</u> Blank casing diameter <u>2</u> in. to <u>17.025</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>0.4</u> ft., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u> 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 <u>0.010</u> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>17.025</u> ft. to <u>22.025</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>14.9</u> ft. to <u>22.025</u> 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 <u>12.6</u> ft. to <u>14.9</u> ft., From <u>0</u> ft. to <u>12.6</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <u>VOC# detected in the groundwater</u> Direction from well? _____ How many feet? _____																																																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>4</td><td>Dark brown soils w/ clay</td><td></td><td></td><td></td></tr><tr><td>4</td><td>7</td><td>Brown clay w/ some fine sand</td><td></td><td></td><td></td></tr><tr><td>7</td><td>9</td><td>Brown fine sand w/ silt</td><td></td><td></td><td></td></tr><tr><td>9</td><td>12</td><td>Brownish Red Fine to Med Sand w/ silt</td><td></td><td></td><td></td></tr><tr><td>12</td><td>17</td><td>Brownish Red med sand</td><td></td><td></td><td></td></tr><tr><td>17</td><td>24</td><td>Brown sand and gravel</td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	4	Dark brown soils w/ clay				4	7	Brown clay w/ some fine sand				7	9	Brown fine sand w/ silt				9	12	Brownish Red Fine to Med Sand w/ silt				12	17	Brownish Red med sand				17	24	Brown sand and gravel			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/23/90</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>7/10/90</u> under the business name of <u>KDHE</u> by (signature) <u>[Signature]</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.																																																

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