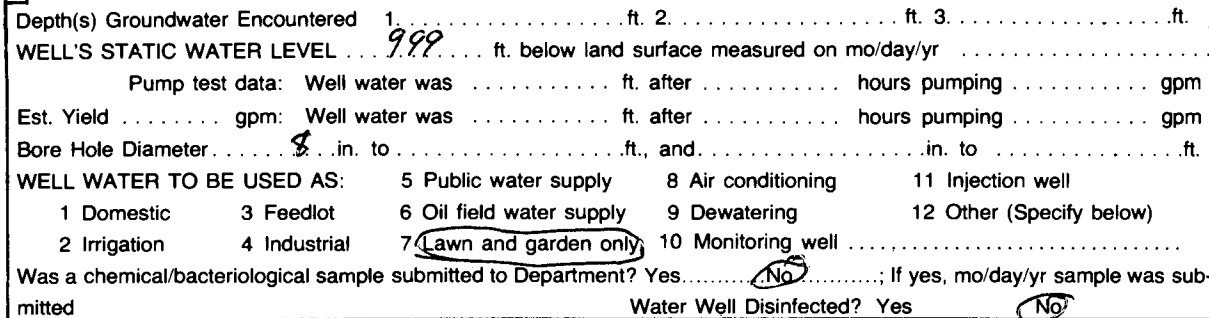


1 LOCATION OF WATER WELL: County: <i>Sedgwick</i>	Fraction <i>SW 1/4 NW 1/4 SE 1/4</i>	Section Number <i>28</i>	Township Number T <i>27</i> S	Range Number R <i>1</i> <i>EW</i>
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**2 WATER WELL OWNER:**

Board of Agriculture, Division of Water Resources  
Application Number: \_\_\_\_\_

4 DEPTH OF COMPLETED WELL.....29 ft. ELEVATION: .....



5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> . . . . . Clamped . . . . .
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Blank casing diameter . . . . . 5 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . . . 12 in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 <u>PVC</u>	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:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
		6 Wire wrapped	9 <u>Drilled holes</u>	

2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From ..... *NA* ..... ft. to ..... *NA* ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

		From	ft. to	ft., From	ft. to	ft.
6	<b>GROUT MATERIAL:</b> 1 Neat cement      2 Cement grout      3 Bentonite      4 Other <i>Clay</i>					

Grout Intervals: From 999 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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)
			13 Insecticide storage	... <i>NONE</i> ...

Direction from well?		How many feet?	
		FROM	TO
PLUGGING INTERVALS			

[illegible]

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) 7-1-88 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) 6-20-93  
under the business name of \_\_\_\_\_ by (signature) Ray A. Risley

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.