

|   |                             |                |                 |                      |
|---|-----------------------------|----------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL:   | Fraction                    | Section Number | Township Number | Range Number         |
| County: <u>Sedgwick</u>   | <u>6W 1/4 SW 1/4 SE 1/4</u> | <u>29</u>      | T <u>27</u> S   | R <u>1</u> <u>EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? |                             |                |                 |                      |

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL..... 29 ft. ELEVATION: .....

|   |                            |            |                   |                         |  |
|---|----------------------------|------------|-------------------|-------------------------|--|
| 5 | TYPE OF BLANK CASING USED: |            | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: <u>fluted</u> . . . . . Clamped . . . . .<br>Welded . . . . .<br>Threaded . . . . . |
|   | 1 Steel                    | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) |  |
|   | <u>PVC</u>                 | 4 ABS      | 7 Fiberglass      |                         |  |

Blank casing diameter . . . . . 5 in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . . . 10 in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:

|         |                    |                 |              |                          |
|---------|--------------------|-----------------|--------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | 7 <u>PVC</u> | 10 Asbestos-cement       |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR)   | 11 Other (specify) ..... |
|         |                    |                 | 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) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped   | 9 <u>Drilled holes</u>   |                     |
|                    |               | 7 Torch cut      | 10 Other (specify) ..... |                     |

SCREEN-PERFORATED INTERVALS: From NA ft. to NA 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: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other *Clay*  
Grout Intervals: From *0* ft. to *999* ft. From *87* ft. to . 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? \_\_\_\_\_

[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) 10-5-88 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) 6-21-93 under the business name of \_\_\_\_\_ by (signature) Donna Riley

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.