

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction: <u>NW 1/4 NW 1/4 NE 1/4</u>		Section Number: <u>36</u>		Township Number: <u>T 27 S</u>		Range Number: <u>R 1 EW</u>																									
Distance and direction from nearest town or city street address of well if located within city? <u>3216 E. Harry</u> <u>MW-1</u>																																	
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>Jinck Trip Corp</u> <u>5929 W Central</u> <u>Wichita KS</u>																																	
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: <u>24'</u> ft. ELEVATION:																														
<p>Diagram of a section box divided into four quadrants: NW, NE, SW, SE. An 'X' is marked in the NW quadrant.</p>			Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.																														
			WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>6/17</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>8</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 No <u>X</u> . If yes, mo/day/yr sample was submitted																														
			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 <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter <u>2</u> in. to <u>9</u> in. Dia in. to ft., Dia in. to ft. Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</u> 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes SCREEN-PERFORATED INTERVALS: From <u>9</u> ft. to <u>24</u> ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>24</u> ft., From ft. to ft. FROM ft. to ft., FROM ft. to ft.																																	
6 GROUT MATERIAL: <u>1 Neat cement</u> <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other																																	
Grout Intervals: From ft. to <u>8</u> 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 <u>10 Livestock pens</u> 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>11 Fuel storage</u> 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage																																	
Direction from well? <u>unknown</u> 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><u>0</u></td> <td><u>TD</u></td> <td><u>Clay, silty clay w/ sand stringers</u></td> <td></td> <td></td> <td><u>FM COMPLETION</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>PER 6/17/91</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>APPROVAL</u></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>TD</u>	<u>Clay, silty clay w/ sand stringers</u>			<u>FM COMPLETION</u>						<u>PER 6/17/91</u>						<u>APPROVAL</u>
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>6-14-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>6-21-91</u> under the business name of <u>Layne Western</u> <u>Wichita</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																	