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|---|------------|--|----------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>JEDGWICK</u> | | <u>SW 1/4 NW 1/4 SW 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? <u>SAME AS OWNER</u> | | | | | |
| 2 WATER WELL OWNER: | | CENTRAL MOTOR POOL | | | |
| RR#, St. Address, Box # : | | 1015 STILLWELL - WICHITA KS 57213 | | | |
| City, State, ZIP Code : | | 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>12</u> ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1. <u>11.7</u> ft. 2. <u>—</u> ft. 3. <u>—</u> ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr <u>—</u> | | | |
| | | Pump test data: Well water was <u>NA</u> ft. after <u>—</u> hours pumping <u>—</u> gpm | | | |
| | | Est. Yield <u>NA</u> gpm: Well water was <u>—</u> ft. after <u>—</u> hours pumping <u>—</u> gpm | | | |
| | | Bore Hole Diameter <u>7.25</u> in. to <u>12</u> ft., and <u>—</u> in. to <u>—</u> 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 <u>SOIL BORING</u> | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes <u>—</u> No <u>X</u> | | If yes, mo/day/yr sample was submitted <u>—</u> | | | |
| Water Well Disinfected? Yes <u>—</u> No <u>X</u> | | | | | |
| 5 TYPE OF BLANK CASING USED: <u>NA</u> | | CASING JOINTS: Glued <u>—</u> Clamped <u>—</u> | | | |
| 1 Steel 3 RMP (SR) | | Welded <u>—</u> | | | |
| 2 PVC 4 ABS | | Threaded <u>—</u> | | | |
| Blank casing diameter <u>NA</u> in. to <u>—</u> ft., Dia <u>—</u> in. to <u>—</u> ft., Dia <u>—</u> in. to <u>—</u> ft. | | | | | |
| Casing height above land surface <u>—</u> in., weight <u>—</u> lbs./ft. Wall thickness or gauge No. <u>—</u> | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <u>NA</u> | | 7 PVC 10 Asbestos-cement | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>—</u> | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <u>NA</u> | | 5 Gauzed wrapped 8 Saw cut 11 None (open hole) | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>—</u> | | | | | |
| SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>—</u> ft., From <u>—</u> ft. to <u>—</u> ft., From <u>—</u> ft. to <u>—</u> ft. | | | | | |
| <u>SAND</u> GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>12</u> ft., From <u>—</u> ft. to <u>—</u> ft., From <u>—</u> ft. to <u>—</u> ft. | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>COTTINGS</u> | | | | | |
| Grout Intervals: 1 From <u>6.5</u> ft. to <u>7</u> ft., From <u>7</u> ft. to <u>10</u> ft., From <u>—</u> ft. to <u>—</u> 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 <u>CONTAMINATED SITE</u> | | | | | |
| Direction from well? <u>—</u> | | How many feet? <u>—</u> | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| <u>6.5</u> | <u>3.5</u> | <u>SAND + GRAVEL</u> | | | |
| <u>3.5</u> | <u>4.5</u> | <u>CLAY</u> | | | |
| <u>4.5</u> | <u>5.5</u> | <u>SAND - FINE TO MED GRAIN</u> | | | |
| | | <u>6.5 CLAY LENSE PETRI ODOR</u> | | | |
| <u>5.5</u> | <u>10</u> | <u>SAND - MED TO COARSE LTBR - ODOR</u> | | | |
| <u>10</u> | <u>12</u> | <u>SAND WITH GRAVEL - ODOR -</u> | | | |
| | | <u>WATER SAT. 11.7</u> | | | |
| 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) <u>07-14-93</u> and this record is true to the best of my knowledge and belief. Kansas | | | | | |
| Water Well Contractor's License No. <u>479</u> This Water Well Record was completed on (mo/day/yr) <u>07-29-93</u> | | | | | |
| under the business name of <u>EBBERTS DRILLING</u> by (signature) <u>Gregory Ebberts</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | |

OFFICE USE ONLY

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