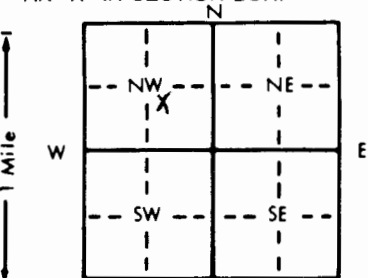


| 1 LOCATION OF WATER WELL: County: <u>SG</u> | | Fraction <u>NA</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> | Section Number <u>8</u> | Township Number <u>T 27</u> <u>(S)</u> | Range Number <u>R 1</u> <u>(E-W)</u> | | | | | | | | | | | | |
|---|----|--|-------------------------|--|--------------------------------------|------|----|--|----|---|--------------------|---|---|-----------------|--|--|----------|
| Distance and direction from nearest town or city street address of well if located within city? <u>2041 Burns Wichita, KS</u> | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>Bea Muttering</u> RR#, St. Address, Box #: <u>2041 Burns</u> City, State, ZIP Code: <u>Wichita, KS 67203</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>20/20</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. <u>15</u> ft. 3. <u>1</u> ft. WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>1/10/95</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>WAS</u> in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial <u>2-7</u> Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____ | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <u>2-1 Steel</u> 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 _____ Blank casing diameter <u>1 1/4</u> in. to _____ ft., 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 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) <u>NA</u> 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 Drilled holes 7 Torch cut 10 Other (specify) <u>NA</u> SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | |
| 6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>20</u> ft. to <u>2</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 10 Livestock pens 14 Abandoned water well <u>2</u> 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 Direction from well? <u>South</u> How many feet? <u>20'</u> LITHOLOGIC LOG <table><thead><tr><th>FROM</th><th>TO</th><th></th></tr></thead><tbody><tr><td>20</td><td>3</td><td>PLUGGING INTERVALS</td></tr><tr><td>3</td><td>0</td><td>Portland Cement</td></tr><tr><td></td><td></td><td>Top Soil</td></tr></tbody></table> | | | | | | FROM | TO | | 20 | 3 | PLUGGING INTERVALS | 3 | 0 | Portland Cement | | | Top Soil |
| FROM | TO | | | | | | | | | | | | | | | | |
| 20 | 3 | PLUGGING INTERVALS | | | | | | | | | | | | | | | |
| 3 | 0 | Portland Cement | | | | | | | | | | | | | | | |
| | | Top Soil | | | | | | | | | | | | | | | |
| 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) _____ 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>1-10-95</u> by (signature) <u>X C. Lee Wade</u> under the business name of _____ | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |