

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: SEDGWICK		NW ¼ NE ¼ SW ¼	27	T	27S	S	R 2E EW
Distance and direction from nearest town or city street address of well if located within city? 1014 N. BEDFORD; WICHITA							
2 WATER WELL OWNER: TRAM TRAN							
RR#, St. Address, Box #: 1014 N. BEDFORD				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: WICHITA, KS				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL					
A diagram showing a 3x3 grid representing a section box. The center square contains an 'X'. The squares are labeled NW, NE, SE, SW around the perimeter.							
		Depth(s) Groundwater Encountered 1 59 ft. 2 _____ ft. 3 _____ ft.					
		Well's Static Water Level 59 ft. below land surface measured on mo/day/yr 7/16/04					
		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 10 in. to 90 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>Lawn and garden (domestic)</u> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X . If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No _____							
5 TYPE OF BLANK CASING USED:							
Blank casing diameter 5 in. to 90 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
SCREEN OR PERFORATION OPENINGS ARE:							
SCREEN-PERFORATED INTERVALS:							
GRAVEL PACK INTERVALS:							
6 GROUT MATERIAL:							
Grout Intervals From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
Direction from well? EAST How many feet? 20							
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2		TOPSOIL				
2	13		CLAY				
13	72		YELLOW SHALE				
72	90		GREY SHALE				
RECEIVED							
AUG 19 2004							
BUREAU OF WATER							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ((1) constructed,) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 7/16/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 8/9/04 under the business name of CHASE DRILLING by (signature) <i>P. Chase</i>							
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							

OFFICE USE ONLY

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