

1 LOCATION OF WATER WELL:		Fraction <u>SW SW NW SE</u>		Section Number	Township Number	Range Number
County: SEDGWICK		<u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$		<u>27</u>	T <u>27S</u> S	R <u>2E</u> E/W
Distance and direction from nearest town or city street address of well if located within city? 1025 S. BRACKEN; WICHITA						
2 WATER WELL OWNER: STACEY THOMASON						
RR#, St. Address, Box # : 1025 S. BRACKEN				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 <u>87</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 <u>29</u> ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>29</u> ft. below land surface measured on mo/day/yr <u>9/9/04</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>10</u> in. to <u>87</u> 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>7 Lawn and garden (domestic)</u> 10 Monitoring well						
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 <u>X</u> No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____						
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded _____						
Blank casing diameter <u>5</u> in. to <u>87</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u>						
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) _____						
12 None used (open hole) _____						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)						
2 Louvered shutter 4 <u>Key punched</u> 6 Wire wrapped 9 Drilled holes						
7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From <u>47</u> ft. to <u>87</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>87</u> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____						
Grout Intervals From <u>4</u> ft. to <u>24</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						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well						
3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____						
13 Insecticide storage _____						
Direction from well? <u>WEST</u> How many feet? <u>19</u>						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		TOPSOIL			
3	14		TAN CLAY			
14	31		TAN SHALE			
31	47		BLUE SHALE			
47	51		RED SHALE			
51	82		BLUE SHALE/LIMESTONE			
82	87		WHITE LIMESTONE			
RECEIVED OCT 11 2004 BUREAU OF WATER						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>9/9/04</u> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <u>611</u>				This Water Well Record was completed on (mo/day/yr) <u>10/3/04</u>		
under the business name of CHASE DRILLING				by (signature) <u>R Chase</u>		

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.