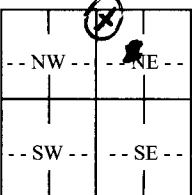


## Division of Water Resources; App. No.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u> Fraction: <u>SE NE SW NE 1/4</u> Section Number: <u>28</u> Township Number: <u>T 27 S</u> Range Number: <u>R 28 W</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |  |
| 2 WATER WELL OWNER: <u>Jaun Hoang</u><br>RR#, St. Address, Box #: <u>723 S Smithmoor</u><br>City, State, ZIP Code: <u>Wichita, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4 DEPTH OF COMPLETED WELL: <u>72</u> ft.<br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL: <u>26</u> ft. below land surface measured on mo/day/yr. <u>6/19/09</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____<br>Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u> |                                                                                                                                                                            |  |
| 5 TYPE OF CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____<br><u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>Blank casing diameter <u>5</u> in. to <u>72</u> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>160</u> in. weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter <u>4 Key punched</u> 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____<br>SCREEN-PERFORATED INTERVALS: From <u>32</u> ft. to <u>72</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>Bentonite</u> 4 Other _____<br>Grout Intervals: From <u>4</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well<br>Direction from well? <u>West</u> How many feet? <u>75</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |  |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FROM TO PLUGGING INTERVALS                                                                                                                                                 |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T Soil                                                                                                                                                                     |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Clay                                                                                                                                                                       |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Shale                                                                                                                                                                      |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Blue Shale                                                                                                                                                                 |  |
| 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>6/19/09</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>6-11</u> This Water Well Recorded was completed on (mo/day/year) <u>6/18/09</u><br>Under the business name of <u>Chase Willey</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |  |