

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 24	Township Number T 27 S	Range Number R 2 E/W																																																						
Distance and direction from nearest town or city street address of well if located within city? 117 Chelmsford Ct. Belle Terre Addition																																																											
2 WATER WELL OWNER: JIM AND Brenda Click			Board of Agriculture, Division of Water Resources Application Number: NA																																																								
RR#, St. Address, Box # 117 Chelmsford Ct.			City, State, ZIP Code WICHITA KS. 67230																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 105 ft. ELEVATION: NA																																																									
		Depth(s) Groundwater Encountered 1. 92 ft. 2. _____ ft. 3. _____ ft.																																																									
		WELL'S STATIC WATER LEVEL 34 ft. below land surface measured on mo/day/yr 12-27-97																																																									
		Pump test data: Well water was 45 ft. after 2 hours pumping 35 gpm																																																									
		Est. Yield 50 gpm; Well water was NA ft. after NA hours pumping NA gpm																																																									
		Bore Hole Diameter 9 3/4 in. to 105 ft. and _____ in. to _____ 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																																																									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted NA																																																									
		Water Well Disinfected? Yes X No _____																																																									
5 TYPE OF BLANK CASING USED:																																																											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____																																																											
Blank casing diameter 5 in. to 85 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																											
Casing height above land surface 24 in. weight 3.364 lbs./ft. Wall thickness or gauge No. 255 SDR26																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 Other (specify) _____ 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) _____																																																											
SCREEN-PERFORATED INTERVALS: From 85 ft. to 105 ft. From _____ ft. to _____ ft.																																																											
GRAVEL PACK INTERVALS: From 23 ft. to 105 ft. From _____ ft. to _____ ft.																																																											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																											
Grout Intervals: From 3 ft. to 23 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 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) STORM DRAIN 13 Insecticide storage																																																											
Direction from well? NORTH How many feet? 50																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>8</td> <td>BROWN Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>28</td> <td>RED Clay / yellow Limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>46</td> <td>GRAY SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>46</td> <td>47</td> <td>YELLOW LIME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>79</td> <td>GRAY SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>79</td> <td>90</td> <td>RED SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>90</td> <td>105</td> <td>SHALE / CHAT / SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>105</td> <td></td> <td>GRAY LIME</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	8	BROWN Clay				8	28	RED Clay / yellow Limestone				28	46	GRAY SHALE				46	47	YELLOW LIME				47	79	GRAY SHALE				79	90	RED SHALE				90	105	SHALE / CHAT / SAND				105		GRAY LIME			
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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) 12-19-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 464 This Water Well Record was completed on (mo/day/yr) 12-29-97 under the business name of WATER WELL SERVICES by (signature) <i>[Signature]</i>																																																											
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.																																																											

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