

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction <u>NW 1/4 SW 1/4 SW 1/4</u> Section Number <u>29</u> Township Number <u>T 28 S</u> Range Number <u>R 1 E</u>																																									
Distance and direction from nearest town or city street address of well if located within city? <u>6126 S. Seneca 67217</u>																																									
2 WATER WELL OWNER: <u>Richard Ferguson</u> RR#, St. Address, Box #: <u>4009 Cedar Lake Rd.</u> City, State, ZIP Code: <u>Wichita, KS 67052</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>30</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>N/A</u> ft. 2. <u>N/A</u> ft. 3. <u>N/A</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>7-17-95</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 _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <table border="0"><tr><td>1 Domestic</td><td>3 Feedlot</td><td>6 Oil field water supply</td><td>9 Dewatering</td><td>11 Injection well</td></tr><tr><td>2 Irrigation</td><td>4 Industrial</td><td>7 Lawn and garden only</td><td>10 Monitoring well</td><td>12 Other (Specify below)</td></tr></table> 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 _____	1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well	2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	12 Other (Specify below)																														
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5 TYPE OF BLANK CASING USED: <table border="0"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought iron</td><td>8 Concrete tile</td><td>CASING JOINTS: Glued _____ Clamped _____</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>9 Other (specify below) <u>Galvanized</u></td><td>Welded _____</td></tr><tr><td colspan="4"></td><td>Threaded _____</td></tr></table> Blank casing diameter <u>Below</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>3 ft.</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <table border="0"><tr><td>1 Steel</td><td>3 Stainless steel</td><td>5 Fiberglass</td><td>8 RMP (SR)</td><td>11 Other (specify) <u>N/A</u></td></tr><tr><td>2 Brass</td><td>4 Galvanized steel</td><td>6 Concrete tile</td><td>9 ABS</td><td>12 None used (open hole)</td></tr></table> SCREEN OR PERFORATION OPENINGS ARE: <table border="0"><tr><td>1 Continuous slot</td><td>3 Mill slot</td><td>5 Gauzed wrapped</td><td>8 Saw cut</td><td>11 None (open hole)</td></tr><tr><td>2 Louvered shutter</td><td>4 Key punched</td><td>6 Wire wrapped</td><td>9 Drilled holes</td><td></td></tr><tr><td colspan="2"></td><td>7 Torch cut</td><td>10 Other (specify) <u>N/A</u></td><td></td></tr></table> SCREEN-PERFORATED INTERVALS: From <u>N/A</u> ft. to <u>N/A</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>N/A</u> ft. to <u>N/A</u> ft., From _____ ft. to _____ ft.		1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) <u>Galvanized</u>	Welded _____					Threaded _____	1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>N/A</u>	2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	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>N/A</u>	
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6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table border="0"><tr><td>1 Septic tank</td><td>4 Lateral lines</td><td>7 Pit privy</td><td>10 Livestock pens</td><td>14 Abandoned water well</td></tr><tr><td>2 Sewer lines</td><td>5 Cess pool</td><td>8 Sewage lagoon</td><td>11 Fuel storage</td><td>15 Oil well/Gas well</td></tr><tr><td>3 Watertight sewer lines</td><td>6 Seepage pit</td><td>9 Feedyard</td><td>12 Fertilizer storage</td><td>16 Other (specify below)</td></tr><tr><td colspan="3"></td><td>13 Insecticide storage</td><td></td></tr></table> Direction from well? <u>South</u> How many feet? <u>20</u>		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)				13 Insecticide storage																					
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			10 30 Chlorinated Sand & Gravel																																						
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>7-17-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>313</u> This Water Well Record was completed on (mo/day/yr) <u>8-10-95</u> under the business name of <u>Jet Drilling</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																									