

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                    |  |                |                                                   |                 |  |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------|---------------------------------------------------|-----------------|--|----------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fraction           |  | Section Number |                                                   | Township Number |  | Range Number   |  |
| County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <u>SW NW NW SE</u> |  | <u>16</u>      |                                                   | <u>T 28</u>     |  | <u>S R 1 E</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4442 S. Washington</u>                                                                                                                                                                                                                                                                                                                             |  |                    |  |                |                                                   |                 |  |                |  |
| 2 WATER WELL OWNER: <u>Mary Dunham</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                    |  |                |                                                   |                 |  |                |  |
| RR#, St. Address, Box # : <u>4442 S. Washington</u>                                                                                                                                                                                                                                                                                                                                                                                                      |  |                    |  |                | Board of Agriculture, Division of Water Resources |                 |  |                |  |
| City, State, ZIP Code : <u>Wichita KS 67216</u>                                                                                                                                                                                                                                                                                                                                                                                                          |  |                    |  |                | Application Number:                               |                 |  |                |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                     |  |                    |  |                |                                                   |                 |  |                |  |
| 4 DEPTH OF COMPLETED WELL ..... ft. ELEVATION: ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                 |  |                    |  |                |                                                   |                 |  |                |  |
| Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.                                                                                                                                                                                                                                                                                                                                                                                     |  |                    |  |                |                                                   |                 |  |                |  |
| WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr                                                                                                                                                                                                                                                                                                                                                                             |  |                    |  |                |                                                   |                 |  |                |  |
| Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                                                                                                                                                                                                                                                                                                                                                                             |  |                    |  |                |                                                   |                 |  |                |  |
| Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |                |                                                   |                 |  |                |  |
| 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 Domestic (lawn & garden) 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 ..... No <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                    |  |                |                                                   |                 |  |                |  |
| 5 TYPE OF CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                    |  |                |                                                   |                 |  |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....                                                                                                                                                                                                                                                                                                                                                               |  |                    |  |                |                                                   |                 |  |                |  |
| 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....                                                                                                                                                                                                                                                                                                                                                                                |  |                    |  |                |                                                   |                 |  |                |  |
| Blank casing diameter ..... in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |                |                                                   |                 |  |                |  |
| Casing height above land surface <u>3.6</u> in., weight ..... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                  |  |                    |  |                |                                                   |                 |  |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                    |  |                |                                                   |                 |  |                |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement                                                                                                                                                                                                                                                                                                                                                                                          |  |                    |  |                |                                                   |                 |  |                |  |
| 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                      |  |                    |  |                |                                                   |                 |  |                |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                    |  |                |                                                   |                 |  |                |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                    |  |                |                                                   |                 |  |                |  |
| 1 Continuous slot 3 Mill slot 5 Guazed 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> ft.                                                                                                                                                                                                                                                                                                                                                                                                            |  |                    |  |                |                                                   |                 |  |                |  |
| SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                    |  |                    |  |                |                                                   |                 |  |                |  |
| GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                          |  |                    |  |                |                                                   |                 |  |                |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                 |  |                    |  |                |                                                   |                 |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                                          |  |                    |  |                |                                                   |                 |  |                |  |
| Grout Intervals: From ..... ft. to ..... 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? How many feet? <u>DONT NO</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                    |  |                |                                                   |                 |  |                |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                        |  |                    |  |                |                                                   |                 |  |                |  |
| <u>0</u> <u>3</u> <u>COMPACTED TOPSOIL</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  |                    |  |                |                                                   |                 |  |                |  |
| <u>3</u> <u>40</u> <u>QUICKRETE</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                    |  |                |                                                   |                 |  |                |  |
| 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>7-22-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>N/A</u> This Water Well Record was completed on (mo/day/yr) by (signature) <u>Charles A. Hagan</u> under the business name of                   |  |                    |  |                |                                                   |                 |  |                |  |
| 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. |  |                    |  |                |                                                   |                 |  |                |  |