

1) LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SW ¼ NE ¼ SE ¼</u>	<u>4</u>	<u>T 28 S R 1 E W</u>
Distance and direction from nearest town or city street address of well if located within city?				
2) WATER WELL OWNER: <u>Leland Hulstien</u>				
RR#, St. Address, Box # : <u>1201 Donnell</u>				
City, State, ZIP Code : <u>Wichita Kansas</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>999</u> ft. ELEVATION: _____ ft.		
 N NW --- NE S --- SE X E		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.		
		Well's Static Water Level ... <u>999</u> 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		
		Bore Hole Diameterin. toft., andin. toft.		
		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 <u>7 Lawn and garden only</u> 10 Monitoring well		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>(No)</u> ; If yes, mo/day/yr sample was submitted				
Water Well Disinfected? Yes _____ No <u>(No)</u>				
5) TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped Welded Threaded <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)				
Blank casing diameter <u>4.015</u> .in. toft., Diain. toft., Diain. toft. Casing height above land surface <u>0</u> .in., weightlbs./ft. Wall thickness or gauge No.				
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 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <u>Drilled holes</u> 10 Other (specify)				
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Clay</u>				
Grout Intervals: From <u>0</u> ft. to <u>20</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 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>NONE APPARENT</u> Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS <u>999 0 Sandy Clay</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>7-1-1982</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>7-28-93</u> by signature <u>Ajay A Risley</u> under the business name of _____ How many feet? _____				
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.				