

1] LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>		Section Number <u>16</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? #3						
2] WATER WELL OWNER: <u>D J Christie</u> RR#, St. Address, Box #: <u>1340 College Blvd</u> City, State, ZIP Code: <u>Lenexa, KS 66210</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>20</u> ft. ELEVATION: _____ ft.				
		Depth(s) Groundwater Encountered 1. <u>5</u> 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				
		Bore Hole Diameter <u>8</u> in. to <u>20</u> 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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____				
5] TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____				
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Welded _____	
② PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Threaded <u>X</u>	
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>24</u> in., weight <u>.69</u> lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:		⑦ PVC				
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) _____	
SCREEN OR PERFORATION OPENINGS ARE:		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		
SCREEN-PERFORATED INTERVALS:		7 Torch cut				
From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Other (specify) _____				
GRAVEL PACK INTERVALS:						
From <u>8</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6] GROUT MATERIAL: ① Neat cement		2 Cement grout	⑤ Bentonite	4 Other _____		
Grout Intervals: From _____ ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:		How many feet?				
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) _____	
Direction from well? <u>undeveloped field</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	Top Soil				
3	20	Sand				
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>3-14-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>3-14-94</u> under the business name of <u>Layne, Inc.</u> by (signature) <u>Steven R. Mitchell</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.						