

1 LOCATION OF WATER WELL
 County: Sedgwick Fraction SE NE 1/4 SE 1/4 NW 1/4 Section Number # 28 Township Number T 28 29 S Range Number R 1 E W
 Distance and direction from nearest town or city? Street address of well if located within city? 5739 S. WICHITA KS

2 WATER WELL OWNER: Vaughn, James C.
 RR#, St. Address, Box #: 5739 S. WASHINGTON Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Wichita KS 67216 Application Number: N.A.

3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 9 in. to 14 ft., and 6 in. to 40 ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Well's static water level: 14 ft. below land surface measured on June month 9 day 83 year
 Pump Test Data: Well water was 15 ft. after 2 hours pumping _____ gpm
 Est. Yield 10 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

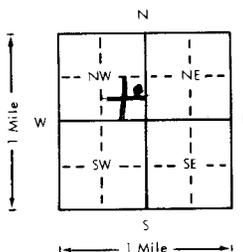
4 TYPE OF BLANK CASING USED:
 1 Steel 3 AMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia: 6 in. to 3.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No: 200

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 AMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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-Perforation Dia: 6 to in. to 3.25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 3.5 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 14 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: E How many feet: 55 ? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No _____
 If Yes: Pump Manufacturer's name: F & W Model No. _____ HP 1/2 Volts 115
 Depth of Pump Intake: 35 ft. Pumps Capacity rated at: 10 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on June month 8 day 83 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2953
 This Water Well Record was completed on June month 8 day 83 year under the business name of Protheroe Pump & Well by (signature) James J. Protheroe

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Dr Brn Sand	04		
4	12	LT TAN fine Sand	07		
12	13	gray Clay sand mix	04		
13	23	LT gray med Sand	08		
23	25	Dr K gray CLAY	01		
25	28	Dr K gray fine Sand	07		
28	40	LT Brn med coarse gravel	11		

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 14 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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