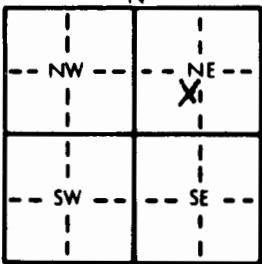


1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u> Fraction <u>NE 1/4 SW 1/4</u> Section Number <u>17</u> Township Number <u>T 28 S</u> Range Number <u>R 2 E</u>																					
Distance and direction from nearest town or city street address of well if located within city? <u>LOT 27 HEATHER RIDGE ESTATES</u>																					
2 WATER WELL OWNER: <u>HAROLD CHEW</u> RR#, St. Address, Box #: <u>4220 S. DALTON</u> City, State, ZIP Code: <u>WICHITA, KS</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>98</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered: 1. _____ ft. 2. <u>87</u> ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>45</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>15</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>10</u> 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>12 Other (Specify below)</td></tr><tr><td>2 Irrigation</td><td>4 Industrial</td><td>7 Lawn and garden only</td><td>10 Observation well</td><td></td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>✓</u> No _____	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 Observation well											
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5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: <u>+12</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole) SCREEN-PERFORATED INTERVALS: From <u>78</u> ft. to <u>98</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>98</u> 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>3</u> ft. to <u>20</u> 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? _____ How many feet? <u>50</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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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>3/8/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4193</u> This Water Well Record was completed on (mo/day/yr) <u>8/25/88</u> under the business name of <u>Reiserer Well 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.																					