

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SE 1/4 SE 1/4 NW 1/4</u>	<u>11</u>	T <u>29</u> S	R <u>1</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>8367 Peach Lane</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>8367 Peach Lane</u>		Application Number: <u>1300</u>			
City, State, ZIP Code: <u>Wichita Kan 67236</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>21</u> ft. ELEVATION: <u>1300</u>			
		Depth(s) Groundwater Encountered 1. <u>11</u> ft. 2. <u>11</u> ft. 3. <u>11</u> ft.			
		WELL'S STATIC WATER LEVEL <u>11</u> ft. below land surface measured on mo/day/yr <u>4-25-88</u>			
		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>9</u> in. to <u>11</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		☒ 1 Domestic ☐ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 11 Injection well ☐ 2 Irrigation ☐ 4 Industrial ☐ 7 Lawn and garden only ☐ 10 Observation well ☐ 12 Other (Specify below)			
		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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped _____			
1 Steel ☒ 3 RMP (SR)		Welded _____			
2 PVC ☐ 4 ABS		Threaded _____			
Blank casing diameter <u>5.56</u> in. to <u>12</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
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 ☐ 9 Drilled holes					
		☐ 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>12</u> ft. to <u>21</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.					
<u>None</u>					
6 GROUT MATERIAL:					
1 Neat cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>12</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)					
Direction from well? <u>South</u>		How many feet? <u>54</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>5</u>	<u>Top Soil</u>			
<u>5</u>	<u>11</u>	<u>Fine tan sand</u>			
<u>11</u>	<u>21</u>	<u>Coarse tan sand</u>			
well is 25' from House, called Health Department for ruling to put well 18' from Property line + got OK.					
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>4-25-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/yr) <u>4-25-88</u> under the business name of <u>Bearden Pump & Well Ser.</u> by (signature) <u>David R Beck</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.					

OFFICE USE ONLY

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