

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE</u> 1/4 <u>NE</u> 1/4 <u>NE</u> 1/4	<u>17</u>	T <u>29</u> S	R <u>1</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>215 E Rhodes</u>					
2 WATER WELL OWNER: <u>JACKSON, Van JL</u>					
RR#, St. Address, Box #: <u>215 E Rhodes</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>Wichita KS 67233</u>				Application Number: <u>N/A</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>31-7</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>10-9</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>10-9</u> ft. below land surface measured on mo/day/yr <u>10-29-85</u>			
		Pump test data: Well water was <u>12</u> ft. after <u>4</u> hours pumping <u>15</u> gpm			
		Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>9</u> in. to <u>10</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		☒ 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:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>6</u> in. to <u>26</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		CASING JOINTS: Glued <u>X</u> Clamped _____			
Casing height above land surface <u>12</u> in., weight <u>1.95</u> lbs./ft. Wall thickness or gauge No. <u>200 SDR26</u>		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		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:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		11 None (open hole)			
From <u>24</u> ft. to <u>31</u> ft.					
From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From _____ ft. to _____ ft.					
From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>10</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>SE</u>		How many feet? <u>15</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Tan fine fill sand			
2	8	Drk Brn sand/clay loam			
8	14	" " med fine sand			
14	14-6	DARK GRAY CLAY			
14-6	28	" " Ball's med coarse sand			
28	31-7	" " " med fine sand			
Replaced old sand point					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-29-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>295</u> This Water Well Record was completed on (mo/day/yr) <u>10-29-85</u> under the business name of <u>Protheroe Pump & Well</u> by (signature) <u>Allen J. Protheroe</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					