

1) LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Wichita		NW 1/4 NW 1/4 NW 1/4		17		T 20 S		R 36 E	
Distance and direction from nearest town or city street address of well if located within city?									
11 miles South 1 1/2 miles East of Lecti, Kansas									
2) WATER WELL OWNER:		Kenneth Bishop				Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		R R				Application Number:			
City, State, ZIP Code :		Lecti, Kansas 67861							
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: 45 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. 13 ft. 2. 13 ft. 3. 11/5/84 ft.							
		WELL'S STATIC WATER LEVEL 13 ft. below land surface measured on mo/day/yr 11/5/84							
		NA 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 9 in. to 45 ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS:							
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)							
		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____							
5) TYPE OF BLANK CASING USED:		CASING JOINTS: <input checked="" type="checkbox"/> Glued _____ Clamped _____							
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> Welded _____ <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> Threaded _____							
Blank casing diameter 5 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 12 in., weight 2.9 lbs./ft. Wall thickness or gauge No. 265									
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From 15 ft. to 45 ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 15 ft. to 45 ft., From _____ ft. to _____ ft.									
6) GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____									
Grout Intervals: From 4 ft. to 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)							
Direction from well? South		How many feet? 300							
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	4	0 / Clay	4	6	05 Sand				
6	11	0 / Clay	11	20	00 Sand medium				
20	45	0 / Yellow clay							
7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) 11/5/84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 232 This Water Well Record was completed on (mo/day/yr) 11/28/84 under the business name of Weishaar Drilling & Supply Inc. by (signature) <i>[Signature]</i>									
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.									