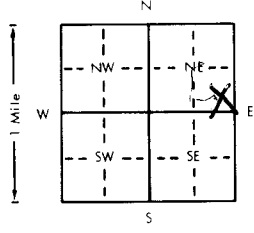


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Sedgwick</u>		<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>34</u>	<u>T 26 S</u>	<u>R 1 EW</u>		
Distance and direction from nearest town or city?			Street address of well if located within city? <u>3431 N Hoover</u>				
2 WATER WELL OWNER: <u>Ron Dailey</u>							
RR#, St. Address, Box #: <u>3431 N Hoover</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: <u>Wichita, Kansas 67212</u>			Application Number: <u>SEP 29 3 80 27488 *****100</u>				
3 DEPTH OF COMPLETED WELL: <u>30</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>30</u> ft., and _____ in. to _____ ft.							
Well Water to be used as:							
☒ Domestic		☐ 3 Feedlot		☐ 5 Public water supply			
☐ 2 Irrigation		☐ 4 Industrial		☐ 6 Oil field water supply			
☐ 7 Lawn and garden only		☐ 8 Air conditioning		☐ 9 Dewatering			
☐ 10 Observation well		☐ 11 Injection well		☐ 12 Other (Specify below)			
Well's static water level: <u>16</u> ft. below land surface measured on <u>9</u> month <u>11</u> day <u>1980</u> year							
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield: <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
☒ 1 Steel		☐ 3 RMP (SR)		☐ 5 Wrought iron			
☒ 2 PVC		☐ 4 ABS		☐ 6 Asbestos-Cement			
☐ 7 Fiberglass		☐ 8 Concrete tile		☐ 9 Other (specify below)			
Blank casing dia: <u>4</u> in. to <u>30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in., weight <u>100</u> lbs./ft. Wall thickness or gauge No. <u>1/4</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ 1 Steel		☐ 3 Stainless steel		☐ 5 Fiberglass			
☐ 2 Brass		☐ 4 Galvanized steel		☐ 6 Concrete tile			
☐ 7 Torch cut		☐ 8 RMP (SR)		☐ 9 ABS			
☐ 10 Asbestos-cement		☐ 11 Other (specify) <u>Slotted</u>		☐ 12 None used (open hole)			
Screen or Perforation Openings Are:							
☐ 1 Continuous slot		☐ 3 Mill slot		☐ 5 Gauzed wrapped			
☐ 2 Louvered shutter		☐ 4 Key punched		☐ 6 Wire wrapped			
☐ 7 Torch cut		☐ 8 Saw cut		☐ 11 None (open hole)			
Screen-Perforation Dia: <u>4</u> in. to <u>25-30</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From _____ ft. to _____ 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		☐ 5 Fuel storage		☐ 14 Abandoned water well			
☐ 11 Fertilizer storage		☐ 15 Oil well/Gas well		☐ 16 Other (specify below)			
☐ 12 Insecticide storage		☐ 13 Watertight sewer lines		☐ 14 Abandoned water well			
Grouted Intervals: From _____ ft. to _____ 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			
☒ 2 Sewer lines		☐ 5 Seepage pit		☐ 8 Feed yard			
☐ 3 Lateral lines		☐ 6 Pit privy		☐ 9 Livestock pens			
Direction from well: <u>West</u> How many feet: <u>50</u> ? 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 _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <u>3137A</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Jet Water Well Drilling</u> by (signature) <u>Virgil Sanders</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>16</u>	<u>Brown sand</u>			
		<u>16</u>	<u>30</u>	<u>Coarse white gravel</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>16</u> 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.							