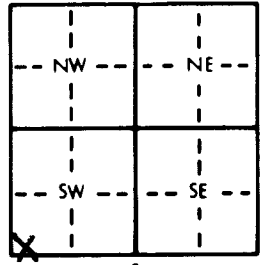


1 LOCATION OF WATER WELL: Fraction *SW 1/4 SW 1/4 SW 1/4* Section Number *24* Township Number *T 27 S* Range Number *R 1 EW*
 County: *Sedgwick*
 Distance and direction from nearest town or city street address of well if located within city?
240 South West Street, Wichita, KS SU-2

2 WATER WELL OWNER: *Town & Country # 73*
 RR#, St. Address, Box #: *240 South West Street*
 City, State, ZIP Code: *Wichita KS*
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  DEPTH OF COMPLETED WELL: *12* ft. ELEVATION: *NA*
 Depth(s) Groundwater Encountered 1. *NA* ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL *NA* ft. below land surface measured on mo/day/yr
 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 *8* in. to *12* in. to in. to ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 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 Monitoring well *Sol. Vent Well*
 Was a chemical/bacteriological sample submitted to Department? Yes. No. If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
4 PVC 4 ABS 7 Fiberglass *Threaded*
 Blank casing diameter *4* in. to *7* ft. Dia. in. to ft. Dia. in. to ft.
 Casing height above land surface *Flush Mount* in., weight lbs./ft. Wall thickness or gauge No.
 TYPE OF SCREEN OR PERFORATION MATERIAL: *7 PVC* 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot *3 Mill slot* 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From *7* ft. to *12* ft. From ft. to ft.
 From ft. to ft. From ft. to ft.
 GRAVEL PACK INTERVALS: From *5* ft. to *12* ft. From ft. to ft.
 From ft. to ft. From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout *3 Bentonite* 4 Other
 Grout intervals: From *0* ft. to *5* 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)
 13 Insecticide storage
 Direction from well? *West* How many feet? *75*

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4"	Asphalt			
4"	5'	silty clay, dark gray			
5'	10'	Sand, tan, fine grain, loose			
10'	12'	Sand, gray med grain w/coarse grain, silty			

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) *4/12/99* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *656* This Water Well Record was completed on (mo/day/yr) *5/10/99* under the business name of *Fleer & Assoc./Charles Harper* by (signature) *Charles Harper*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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