

|                                                                                                                                                                                                                                                                                                          |    |                                                                                                |                                                   |                 |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |    | Fraction                                                                                       | Section Number                                    | Township Number | Range Number   |
| County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                  |    | <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$                        | <b>9</b>                                          | T <b>27S</b> S  | R <b>1W</b> EW |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1934 N. FLOYD; WICHITA, KS</b>                                                                                                                                                                     |    |                                                                                                |                                                   |                 |                |
| 2 WATER WELL OWNER: <b>SHAWN RICHARDSON</b>                                                                                                                                                                                                                                                              |    |                                                                                                |                                                   |                 |                |
| RR#, St. Address, Box #: <b>1934 N. FLOYD</b>                                                                                                                                                                                                                                                            |    |                                                                                                | Board of Agriculture, Division of Water Resources |                 |                |
| City, State, ZIP Code: <b>WICHITA, KS</b>                                                                                                                                                                                                                                                                |    |                                                                                                | Application Number:                               |                 |                |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                     |    | 4 DEPTH OF COMPLETED WELL <b>55</b> ft. ELEVATION:                                             |                                                   |                 |                |
|                                                                                                                                                                                                                                                                                                          |    | Depth(s) Groundwater Encountered 1 <b>32</b> ft. 2 _____ ft. 3 _____ ft.                       |                                                   |                 |                |
|                                                                                                                                                                                                                                                                                                          |    | WELL'S STATIC WATER LEVEL <b>32</b> ft. below land surface measured on mo/day/yr <b>8-6-03</b> |                                                   |                 |                |
|                                                                                                                                                                                                                                                                                                          |    | 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 <b>10</b> in. to <b>55</b> ft. and _____ in. to _____ ft.                   |                                                   |                 |                |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                     |    |                                                                                                |                                                   |                 |                |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                     |    |                                                                                                |                                                   |                 |                |
| 2 Irrigation 4 Industrial 7 <u>Lawn and garden (domestic)</u> 10 Monitoring well                                                                                                                                                                                                                         |    |                                                                                                |                                                   |                 |                |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted                                                                                                                                                                              |    |                                                                                                |                                                   |                 |                |
| Water Well Disinfected? Yes <b>X</b> No                                                                                                                                                                                                                                                                  |    |                                                                                                |                                                   |                 |                |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |    |                                                                                                |                                                   |                 |                |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped                                                                                                                                                                                                                  |    |                                                                                                |                                                   |                 |                |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                      |    |                                                                                                |                                                   |                 |                |
| 7 Fiberglass Threaded                                                                                                                                                                                                                                                                                    |    |                                                                                                |                                                   |                 |                |
| Blank casing diameter <b>5</b> in. to <b>55</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                              |    |                                                                                                |                                                   |                 |                |
| Casing height above land surface <b>16</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. <b>26</b>                                                                                                                                                                                         |    |                                                                                                |                                                   |                 |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |    |                                                                                                |                                                   |                 |                |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 <b>PVC</b> 10 Asbestos-cement                                                                                                                                                                                                                                   |    |                                                                                                |                                                   |                 |                |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 RMP (SR) 11 Other (specify)                                                                                                                                                                                                                                 |    |                                                                                                |                                                   |                 |                |
| 3 Mill slot 7 Torch cut 12 None used (open hole)                                                                                                                                                                                                                                                         |    |                                                                                                |                                                   |                 |                |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                      |    |                                                                                                |                                                   |                 |                |
| 1 Continuous slot 3 <b>Mill slot</b> 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 <b>45</b> ft. to <b>55</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                             |    |                                                                                                |                                                   |                 |                |
| GRAVEL PACK INTERVALS: From <b>25</b> ft. to <b>55</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                   |    |                                                                                                |                                                   |                 |                |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other                                                                                                                                                                                                                                |    |                                                                                                |                                                   |                 |                |
| Grout Intervals From <b>3</b> ft. to <b>25</b> 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 <u>Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well                                                                                                                                                                                                                   |    |                                                                                                |                                                   |                 |                |
| 3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                  |    |                                                                                                |                                                   |                 |                |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                   |    |                                                                                                |                                                   |                 |                |
| Direction from well? <b>NORTH</b> How many feet? <b>30</b>                                                                                                                                                                                                                                               |    |                                                                                                |                                                   |                 |                |
| FROM                                                                                                                                                                                                                                                                                                     | TO | CODE                                                                                           | LITHOLOGIC LOG                                    | FROM            | TO             |
| 0                                                                                                                                                                                                                                                                                                        | 2  |                                                                                                | TOPSOIL                                           |                 |                |
| 2                                                                                                                                                                                                                                                                                                        | 21 |                                                                                                | CLAY                                              |                 |                |
| 21                                                                                                                                                                                                                                                                                                       | 26 |                                                                                                | FINE SAND/CLAY                                    |                 |                |
| 26                                                                                                                                                                                                                                                                                                       | 44 |                                                                                                | MED GRAVEL                                        |                 |                |
| 44                                                                                                                                                                                                                                                                                                       | 55 |                                                                                                | COARSE GRAVEL                                     |                 |                |
| 7 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 (mo/day/yr) <b>8-5-03</b> and this record is true to the best of my knowledge and belief. Kansas                                  |    |                                                                                                |                                                   |                 |                |
| Water Well Contractor's License No. <b>611</b> This Water Well Record was completed on (mo/day/yr) <b>8-5-03</b>                                                                                                                                                                                         |    |                                                                                                |                                                   |                 |                |
| under the business name of <b>CHASE DRILLING</b> by (signature) <b>RICK CHASE</b>                                                                                                                                                                                                                        |    |                                                                                                |                                                   |                 |                |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |    |                                                                                                |                                                   |                 |                |

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