

1		LOCATION OF WATER WELL:						Fraction		Section Number		Township Number		Range Number	
County:	Sedgwick	NW	$\frac{1}{4}$	SW	$\frac{1}{4}$	SE	$\frac{1}{4}$	25	T	27	S	R	1	W	

Distance and direction from nearest town or city street address of well if located within city?

1400 S. Sheridan, Wichita, Ks

2 WATER WELL OWNER: Adorers of the Blood of Christ c/o L. Roscow		
RR#, St. Address, Box #	6 Eagle Center, Suite 4	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	O'Fallon, IL 62269	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>20.5</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 <u>15.5</u> ft. 2 _____ ft. 3 _____ Ft. WELL'S STATIC WATER LEVEL <u>14.29</u> ft. below land surface measured on <u>03/30/05</u> 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 <u>8.0</u> in. to <u>20.5</u> Ft. and _____ in. to _____ Ft. WELL WATER TO BE USED AS: <table style="width: 100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> <td></td> </tr> </table> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <u>MW-6</u> 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 _____ No <u>X</u>	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)	
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5 TYPE OF BLANK CASING USED:		3 Wrought iron	8 Concrete tile	CASING JOINTS: Glued		Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded		
2 PVC	4 ABS	7 Fiberglass		Threaded		X

Blank casing diameter	2	In. to	8.5	Ft., Dia	In. to	ft., Dia	In. to	ft.
Casing height above land surface	FLUSH		in., weight	SCH 40	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)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify)
			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	8.5	ft. to	20.5	ft. From	ft. to	ft.
	From		ft. to		ft. From	ft. to	ft.

SAND PACK INTERVALS:	From	6.5	ft. to	20.5	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 3	0	ft. to	4.5
	From 2	4.5	Ft. to	6.5
			ft. From	
What is the nearest source of possible contamination:				
1	Septic tank	4	Lateral lines	7
2	Sewer lines	5	Cess pool	8
3	Watertight sewer lines	6	Seepage pit	9
10	Livestock pens	11	Fuel storage	12
13	Insecticide storage	14	Abandoned water well	15
		16	Oil well/ Gas well	17
			Other (specify below)	
Contaminated Site				

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **03/29/05** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **04/27/05** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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