

LOCATION OF WATER WELL: County: <u>Jackson</u>		Fraction <u>SW</u> <u>NE</u> <u>SE</u>	Section Number <u>25</u>	Township Number T <u>27</u> S	Range Number R <u>1</u> E
Distance and direction from nearest town or city street; address of well if located within city? <u>1130 S. GORDON - Wichita, KS</u>					
WATER WELL OWNER: <u>Gene Guinn</u>					
IR#, St. Address, Box # City, State, ZIP Code: <u>1130 S. Gordon Wichita KS 67213</u>				Board of Agriculture Division of Water Resource Application Number _____	
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL <u>25'</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered <u>1-15ft.</u> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>15ft.</u> ft. below land surface measured on mo/day/yr <u>6125/09</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well			
		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 _____			
TYPE OF Casing USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR)		Welded _____			
2 PVC 4 ABS		Threaded _____			
Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		lbs./ft. Wall thickness or gauge No. _____			
Casing height above land surface _____ in., weight _____ lbs./ft.					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-Cement			
1 Steel 3 Stainless Steel		11 Other (Specify) _____			
2 Brass 4 Galvanized Steel		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		9 Drilled holes			
2 Louvered shutter 4 Key punched		10 Other (specify) _____			
GREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GROUT MATERIAL:		1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Quartzite</u>			
Grout intervals: From <u>25</u> ft. to <u>20</u> ft.		From <u>8</u> ft. to <u>3</u> ft.			
What is the nearest source of possible contamination:		Below shown			
1 Septic tank 4 Lateral lines 7 Pit privy		10 Livestock pens 14 Abandoned water well			
2 Sewer lines <u>20ft.</u> 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)			
Direction from well? <u>North</u>		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>25'</u>	<u>20'</u>				<u>Concrete</u>
<u>8'</u>	<u>3'</u>				<u>Concrete</u>
<u>8'</u>	<u>20'</u>	<u>Compacted dirt.</u>			
		<u>5' casing cut off</u>			
		<u>3 ft Below ground</u>			

RECEIVED

JUL 02 2008

BUREAU OF WATER

CORRECTED

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) 6/30/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. _____ This Water Well Record was completed on (mo/day/yr) 7-1-08 by (signature) [Signature]

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, Geology Section, 1000 SW Jackson ST., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-236-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.