

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>26</u>	T <u>27</u> S	R <u>1</u> EW
Distance and direction from nearest town or city?			Street address of well if located within city? <u>1400 Sabin</u>		
2 WATER WELL OWNER:		Wildcat Construction Co.			
RR#, St. Address, Box #		4421 W. Harry St.			
City, State, ZIP Code		Winita, Ks. 67209			
Board of Agriculture, Division of Water Resources Application Number:					
3 DEPTH OF COMPLETED WELL <u>47</u> ft. Bore Hole Diameter <u>30</u> in. to <u>47</u> ft. and _____ in. to _____ ft.					
Well Water to be used as:		5 Public water supply		8 Air conditioning	
1 Domestic 3 Feedlot		6 Oil field water supply		9 Dewatering	
2 Irrigation 4 Industrial		7 Lawn and garden only		10 Observation well	
Well's static water level <u>12</u> ft. below land surface measured on <u>July</u> month <u>18</u> day <u>1984</u> year					
Pump Test Data		Well water was _____ ft. after _____ hours pumping _____ gpm			
Est. Yield _____ 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	
Blank casing dia <u>16</u> in. to <u>11</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>12</u> in. weight <u>36.91</u> lbs./ft. Wall thickness or gauge No. <u>219</u>				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				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	
Screen-Perforation Dia <u>16</u> in. to <u>47</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				8 Saw cut	
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				9 Drilled holes	
				10 Other (specify)	
Gravel Pack Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				11 None (open hole)	
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other					
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	
10 Fuel storage		14 Abandoned water well		11 Fertilizer storage	
12 Insecticide storage		15 Oil well/Gas well		16 Other (specify below)	
13 Watertight sewer lines					
Direction from well <u>West</u> How many feet <u>60</u>				Water Well Disinfected? Yes _____ No <u>X</u>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>				If yes, date sample _____	
was submitted _____ month _____ day _____ year				Pump Installed? Yes <u>X</u> No _____	
If Yes: Pump Manufacturer's name _____				Model No. <u>12RK</u> HP <u>25</u> Volts _____	
Depth of Pump Intake _____ ft.				Pumps Capacity rated at <u>800</u> 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 <u>July</u> month <u>18</u> day <u>1984</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u>					
This Water Well Record was completed on <u>August</u> month <u>28</u> day <u>1984</u> year under the business name of <u>Layne Western Co</u> by (signature) <u>[Signature]</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		LITHOLOGIC LOG		LITHOLOGIC LOG	
		<u>0 401 Top Soil</u>			
		<u>4 1507 Fine Sand</u>			
		<u>15 1701 Clay</u>			
		<u>17 4703 Med. Sand</u>			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>12</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.