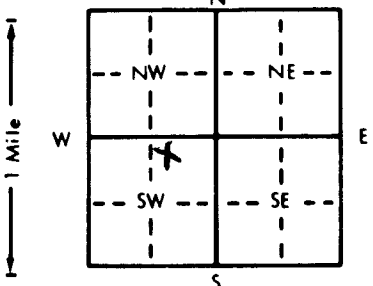


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>Sedgwick</i>	<i>NW 1/4 NE 1/4 SW 1/4</i>	<i>17</i>	<i>T 27 S</i>	<i>R 1 E</i>

2 WATER WELL OWNER: Doris Campbell
RR#, St. Address, Box #: 9700 Kenny
City, State, ZIP Code: Wichita Kansas

Board of Agriculture, Division of Water Resources
Application Number:

4 DEPTH OF COMPLETED WELL.....40 ft. ELEVATION:



Depth(s) Groundwater Encountered 100 ft. 2. _____ ft. 3. _____ ft. 4. _____

WELL'S STATIC WATER LEVEL _____ 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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	8 <u>Air conditioning</u>	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)
			10 Monitoring 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 Wrought iron

8 Concrete tile

CASING JOINTS: Glued Clamped

1 Steel	3 RMP (SR)
2 PVC	4 ABS

6 Asbestos-Cement
7 Fiberglass

9 Other (specify below)

Welded
Threaded

Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface..... / 0 in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel
2 Brass 4 Galvanized steel

5 Fiberglass
6 Concrete tile

PVC

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot
2 Louvered shutter	4 Key punched

5 Gauzed wrapped

8 Saw cut 11 None (open hole)

6 Wire wrapped

8 Drilled holes

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 77 NA ft. to NA ft., From _____ ft. to _____ ft.

From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

ment 2 Cement grout 3 Bentonite 4 Other Red Clay

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other *Red Clay*
Grout Intervals: From *0* ft. to *999* ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From *3* ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines
2 Sewer lines	5 Cess pool
3 Watertight sewer lines	6 Seepage pit

7 Pit privy
8 Sewage lagoon
9 Feedyard

10 Livestock pens	14 Abandoned water well
11 Fuel storage	15 Oil well/Gas well
12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage	<i>NONE</i>

Direction from well?

How many feet?

[illegible]

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) 7-29-87 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 6-29-93 under the business name of _____ 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.