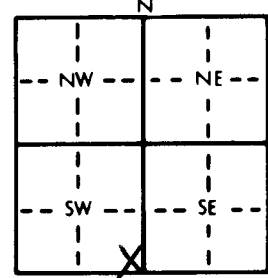


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction: <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number: <u>24</u>	Township Number: <u>T 27 S</u>	Range Number: <u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>207 S. Sheridan; Mayberry Middle School</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>19</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>13.59</u> ft. below land surface measured on mo/day/yr <u>10-14-93</u> 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</u> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</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 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in., weight <u>70.3</u> lbs./ft. Wall thickness or gauge No. <u>154</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole)		CASING JOINTS: Glued _____ Clamped _____ Welded _____ <u>Threaded Flush</u>			
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>9</u> ft. to <u>19</u> ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>19</u> ft.		From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From <u>8</u> ft. to _____ ft., From _____ ft. to _____ ft.		What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy <u>11 Fuel storage</u> 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____ Direction from well? <u>NW</u> How many feet? <u>130</u>			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0.0	2.5	Topsoil, Clayey			
2.5	5.0	Sand			
5.0	8.0	Clay			
8.0	12.0	Silt, Sandy, clayey			
12.0	19.0	Sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed,</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-14-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>10-15-93</u> under the business name of <u>GSI</u> by (signature) <u>Allison Irwin</u>					
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.					

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