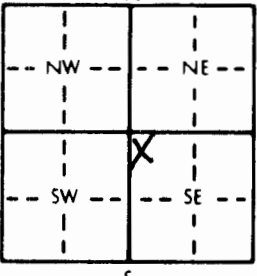


MW-7		2111021		WATER WELL RECORD		Form WWC-5		KSA 82a-1212			
1 LOCATION OF WATER WELL:				Fraction		Section Number		Township Number		Range Number	
County: <u>Sedgewick</u>				<u>NW 1/4 NW 1/4 SE 1/4</u>		<u>27</u>		<u>T 27 S</u>		<u>R 1 EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>6333 W. Kellogg</u>											
2 WATER WELL OWNER:				Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #:				Application Number:							
City, State, ZIP Code:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION:							
				Depth(s) Groundwater Encountered <u>1</u> ft. <u>7</u> ft. 2. ft. 3. ft.							
				WELL'S STATIC WATER LEVEL <u>7.53</u> ft. below land surface measured on <u>mo/day/yr</u> <u>2-24-94</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:				CASING JOINTS: Glued _____ Clamped _____							
1 Steel 3 RMP (SR)				Welded _____							
<u>PVC</u> 4 ABS				<u>Threaded</u> <u>Flush</u>							
Blank casing diameter <u>2</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.											
Casing height above land surface <u>36</u> in. weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:				7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____											
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped 8 Saw cut 11 None (open hole)							
1 Continuous slot 2 Mill slot 6 Wire wrapped 9 Drilled holes											
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From <u>5</u> ft. to <u>15</u> ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>4</u> ft. to <u>15</u> ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL:				3 Bentonite 4 Other _____							
Grout Intervals: From <u>4</u> ft. to <u>1</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:				10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage											
Direction from well? <u>250 N</u>				How many feet? <u>250</u>							
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0.0		1.0		Silty loam							
1.0		2.5		Sandy loam							
2.5		7.0		Sand, Silty							
7.0		15.0		Sand							
Contacted Don Taylor 3-4-94 @ 10:00am about forms being turned in late.											
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>2-24-94</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>5-12-94</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.											