

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	SEDGWICK	SE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	33	T 27 S	R 1 E (W)

Distance and direction from nearest town or city street address of well if located within city?

MM - 23.5

2] WATER WELL OWNER: LEARJET
RR#, St. Address, Box # :
City, State, ZIP Code : WICHITA, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
-- NW --	-- X NE --
E	
W	
-- SW --	-- SE --
S	

4 DEPTH OF COMPLETED WELL. 45 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 30 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 30 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 8 in. to 45 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

12 Other (Specify below) _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED: 3 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded

2 PVC 4 ABS 7 Fiberglass Threaded. **X**

Blank casing diameter **2** in. to **30** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **24** in., weight **.69** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC** 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes

7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **30** ft. to **45** ft., From ft. to ft.

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

GRAVEL PACK INTERVALS: From **24** ft. to **45** ft., From ft. to ft.

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

6 GROUT MATERIAL: ① Neat cement ② Cement grout ③ Bentonite ④ Other
Grout Intervals: From 0 ft. to 18.4 ft., From 18.4 ft. to 24 ft., From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 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)
13 Insecticide storage
Direction from well? unknown How many feet?

Direction from well?		How many feet?
FROM	TO	
0	7	Silt
7	10	Clay
10	45	Sand, Fine to med



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) 3-15-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 3-15-94 under the business name of Layne, Inc. by (signature) Owen R. Thompson

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.

OFFICE USE ONLY

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EW

SEC

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7/4

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