

1) LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	Section Number <u>36</u>	Township Number T <u>27</u> S	Range Number R <u>1</u> E <u>(W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1905 SW BLVD WICHITA, KS</u>					
2) WATER WELL OWNER: <u>KARL KESSLER & ETAL</u> RR#, St. Address, Box #: <u>1905 SW BLVD</u> City, State, ZIP Code: <u>WICHITA, KS 67213</u>			Board of Agriculture, Division of Water Resources Application Number: _____		
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 1. <u>10.98</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>10.98</u> ft. below land surface measured on mo/day/yr <u>3-2-94</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 10 Monitoring well			
		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 <u>2 PVC</u>		3 RMP (SR) 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	
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>.703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass		3 Stainless steel 4 Galvanized steel		5 Fiberglass 6 Concrete tile	
SCREEN OR PERFORATION OPENINGS ARE:		7 Torch cut			
1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched		5 Gauzed wrapped 6 Wire wrapped	
SCREEN-PERFORATED INTERVALS: From <u>5</u> ft. to <u>15</u> ft.		8 Saw cut 9 Drilled holes 10 Other (specify) _____			
GRAVEL PACK INTERVALS: From <u>4</u> ft. to <u>15</u> ft.		11 None used (open hole)			
6) GROUT MATERIAL:					
1 Neat cement Grout Intervals: From <u>4</u> ft. to <u>1</u> ft.		2 Cement grout From _____ ft. to _____ ft.		3 Bentonite 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? <u>SW</u>		How many feet? <u>300</u>			
		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO			FROM	TO
0	3.5	FILL			
3.5	8.5	FILL, SILT, CLAY, SAND			
8.5	15.0	SAND			
NOTE: ALLISON IRWIN CONTACTED DON TAYLOR ABOUT REPORTS BEING TURNED IN LATE ON 3-4-94 @ 10:00 A.M.					
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>3-2-94</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>5-18-94</u> under the business name of <u>GSI</u> by (signature) <u>Mike Johnson</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.