

1) LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>31</u>	Township Number <u>T 27 S</u>	Range Number <u>R 2 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>At 20611 West Harry, Goddard KS</u>					
2) WATER WELL OWNER: RR#, St. Address, Box #: <u>P.O. Box 2920 2824 N. Ohio</u> City, State, ZIP Code: <u>Wichita KS 67201</u>			KS Site ID # <u>00064240</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>60</u> ft. ELEVATION: <u>1477.54</u>			
A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the center of the NE quadrant.		Depth(s) Groundwater Encountered 1. <u>45.16</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>45.16</u> ft. below land surface measured on mo/day/yr <u>9-6-94</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 <u>60</u> 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>(circled)</u> ; If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No _____			
5) TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>(circled)</u>			
<u>2 PVC</u> 4 ABS 7 Fiberglass					
Blank casing diameter <u>2</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</u> 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<u>1 Continuous slot</u> 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 <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>38</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>38</u> ft., From _____ 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>10 Livestock pens</u> 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>11 Fuel storage</u> 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? _____ How many feet? _____					
FROM		TO		LITHOLOGIC LOG	PLUGGING INTERVALS
0		20		Silty Clay	
20		25		Silty Sandy Clay	
25		43		Clay	
43		52		Silty Sandy Clay	
52		60		Silty 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>8-17-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>534</u> This Water Well Record was completed on (mo/day/yr) <u>5-15-95</u> under the business name of <u>PSI</u> by (signature) <u>Barton Cleere</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.