

## WATER WELL RECORD

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgewick</u> Fraction <u>SW 1/4 NW 1/4 NW 1/4</u><br>Distance and direction from nearest town or city street address of well if located within city? <u>14312 Binter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | Section Number <u>23</u> Township Number <u>T 27 S</u> Range Number <u>R 2 E W</u><br><b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Andrew Best</u><br>RR#, St. Address, Box # : <u>14312 Binter</u><br>City, State, ZIP Code : <u>Wichita, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>90</u> ..... ft.<br><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL... <u>23'</u> ..... ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7 Domestic (lawn &amp; garden)</u> 10 Monitoring well .....<br><br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ...; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes <u>X</u> .... No ..... |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">E</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> <td style="width: 25%;">S</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NE   | E    | SW                 | SE             | S    | <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile<br><u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)<br>7 Fiberglass<br>Blank casing diameter <u>5</u> in. to <u>90</u> ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft.<br>Casing height above land surface..... <u>160</u> in., Weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>70</u> ft. to <u>90</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>24</u> ft. to <u>90</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NE | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SE | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? <u>North</u> How many feet? <u>16' nothing else</u><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>24</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>28</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>64</td> <td>fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>64</td> <td>87</td> <td>Med Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>87</td> <td>90</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | FROM | TO                 | LITHOLOGIC LOG | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLUGGING INTERVALS | 0 | 24 | Top soil |  |  |  | 24 | 28 | Clay |  |  |  | 28 | 64 | fine Sand |  |  |  | 64 | 87 | Med Sand |  |  |  | 87 | 90 | Clay |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FROM | TO   | PLUGGING INTERVALS |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 24 | Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 28 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 64 | fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 87 | Med Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| 87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 90 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was ( <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-24-07</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>604</u> This Water Well Record was completed on (mo/day/year) <u>11-19-07</u><br>under the business name of <u>Chase Drilling</u> by (signature) <u>W Chase</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |
| <b>INSTRUCTIONS:</b> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |      |                    |                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |   |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |