

1 LOCATION OF WATER WELL:		Fraction <u>NE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> <u>SW</u> <u>1/4</u> <u>EW</u> <u>1/4</u>	Section Number <u>11</u>	Township Number T <u>27</u> S	Range Number R <u>24</u> E/W
County: <u>FOED</u> Distance and direction from nearest town or city street address of well if located within city? <u>CORONADO AND HILROADS ROAD LOT 12</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>JAMES ROACH</u> <u>5733 N. ST CLAIR</u> City, State, ZIP Code : <u>WICHITA, KS. 67207</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>145</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>145</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>10/9/93</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>9 7/8</u> in. to <u>145</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
		5 TYPE OF BLANK CASING USED:			
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter <u>5</u> in. to <u>145</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight <u>200</u> 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) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 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>115</u> ft. to <u>145</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>145</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Intervals: From <u>4</u> ft. to <u>30</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 <input checked="" type="checkbox"/> 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>South</u> How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	FINE SAND AND TOP SOIL			
5	15	BROWN SANDY CLAY			
15	23	FINE TO MED SAND AND GRAVEL			
23	35	BROWN SANDY CLAY			
35	48	FINE TO MED SAND AND GRAVEL			
48	63	FINE TO MED SAND AND GRAVEL			
63	79	BROWN CLAY			
79	85	FINE TO MED SAND AND GRAVEL			
85	93	BROWN SANDY CLAY			
93	145	FINE TO MED SAND AND GRAVEL			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10/9/93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>172</u> This Water Well Record was completed on (mo/day/yr) <u>7/94</u> under the business name of <u>JONAGAN DRILLING</u> by (signature) <u>[Signature]</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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