

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NW 1/4 SE 1/4</u>	<u>11</u>	<u>T 28 S</u>	<u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city?					

2 WATER WELL OWNER: <u>Zoglemen Enterprises</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>3833 S. West St.</u>		
City, State, ZIP Code: <u>Wichita, Kansas</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION:	
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.	
	WELL'S STATIC WATER LEVEL <u>9.99</u> 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 _____ in. to _____ ft., and _____ in. to _____ ft.		
WELL WATER TO BE USED AS:		
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 _____; If yes, mo/day/yr sample was submitted		
Water Well Disinfected? Yes _____ No _____		

5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 <u>PVC</u>		4 ABS		7 Fiberglass		Welded _____	
Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						Threaded _____	
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>		10 Asbestos-cement			
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		3 <u>Mill-slot</u>		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>9.99</u> ft. to <u>9.99</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 <u>Other</u>	
Grout Intervals: From <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well					
1 Septic tank		4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide storage			
Direction from well?						How many feet?			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Brown Silt	0	20	Uncontaminated Soil
4	9	Brown Silty Clay			
9	15	Tan Sand			
15	20	Grey Sand			
		Saturated Zone	18'		

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) <u>10-22-96</u> and this record is true to the best of my knowledge and belief. Kansas	
Water Well Contractor's License No. <u>1607</u>	This Water Well Record was completed on (mo/day/yr) <u>10/31/96</u>
under the business name of <u>Tank Monitoring Systems</u>	by (signature) <u>R. A. Jones</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.