

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: SEDGWICK		NW ¼ NE ¼ NW ¼	12		T 28S S	R 1W EW	
Distance and direction from nearest town or city street address of well if located within city?							
4701 S. LEONINE; WICHITA							
2 WATER WELL OWNER: FONG TRAN							
RR#, St. Address, Box # : 4701 S. LEONINE				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : WICHITA, KS				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:					
		Depth(s) Groundwater Encountered 1 9 ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 9 ft. below land surface measured on mo/day/yr 7/12/04					
		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 10 in. to 40 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:					
1 Domestic 3 Feed lot 6 Oil field water supply		5 Public water supply		8 Air conditioning		11 Injection well	
2 Irrigation 4 Industrial 7 Lawn and garden (domestic)		9 Dewatering		10 Monitoring well		12 Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____							
Water Well Disinfected? Yes X No _____							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR)		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued X Clamped _____	
2 PVC 4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
Blank casing diameter 5 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		_____ in. to _____ ft., Dia _____ in. to _____ ft.		Threaded _____	
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26							
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)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot 3 Mill slot		6 Wire wrapped		9 Drilled holes		12 None used (open hole)	
2 Louvered shutter 4 Key punched		7 Torch cut		10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From 30 ft. to 40 ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 24 ft. to 40 ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____							
Grout intervals From 4 ft. to 24 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		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? WEST				How many feet? 17			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2		TOPSOIL				
2	14		BROWN CLAY				
14	29		MED SAND				
29	31		GREY CLAY				
31	40		MED/COARSE SAND/GRAVEL				
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/yr) 7/12/04 and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. 611				This Water Well Record was completed on (mo/day/yr) 7/14/04			
under the business name of CHASE DRILLING				by (signature)			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							