

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: SEDGWICK		NE ¼ SE ¼ SE ¼	10		T 28S S	R 1W E/W	
Distance and direction from nearest town or city street address of well if located within city?							
3821 S. GILDA CIR; WICHITA							
2 WATER WELL OWNER: TIFFANY LYONS							
RR#, St. Address, Box # : 3821 S. GILDA CIR				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		60 ft. ELEVATION:			
N ↑ ↓ S ← W E → The grid squares are labeled NW, NE, SW, SE.		Depth(s) Groundwater Encountered 1 17 ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 10/14/04					
		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 60 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS:							
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well							
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 _____ Threaded _____			
Blank casing diameter 5 in. to 60 ft., Dia		in. to _____ ft., Dia		in. to _____ ft.			
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 8 RMP (SR) 10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____							
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot 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 12 None used (open hole)							
7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS:							
From 50 ft. to 60 ft.		From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:							
From 24 ft. to 60 ft.		From _____ ft. to _____ ft.					
From _____ ft. to _____ 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.							
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) _____							
Direction from well? WEST		How many feet? 85					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2		TOPSOIL				
2	17		BROWN CLAY				
17	33		MED SAND				
33	39		GREY CLAY				
39	60		MED/COARSE SAND/GRAVEL				
RECEIVED							
NOV 18 2004							
BUREAU OF WATER							
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) 10/14/04 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) 11/8/04 under the business name of CHASE DRILLING by (signature) R. Chase							
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.							

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