

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>1</u>	<u>T 28 S</u>	<u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2424 S. Sheridan Wichita</u>					
2 WATER WELL OWNER: <u>C. Max Miller</u>					
RR#, St. Address, Box #: <u>1516 35th Street, Suite 200</u>					
City, State, ZIP Code: <u>West Des Moines, Iowa 50265</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>15</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>8.8</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>8.8</u> ft. below land surface measured on mo/day/yr <u>1-22-90</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>8</u> in. to <u>15</u> in. and _____ in. to _____ in.			
		WELL WATER TO BE USED AS:			
		1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only <u>10 Monitoring well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> : If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Casing Joints: Glued _____ Clamped _____			
1 Steel		3 RMP (SR)			
<u>2 PVC</u>		4 ABS			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		5 Wrought iron			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>5.440</u>		6 Asbestos-Cement			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass			
1 Steel		8 Concrete tile			
2 Brass		9 Other (specify below)			
3 Stainless steel		10 Asbestos-cement			
4 Galvanized steel		11 Other (specify) _____			
5 Fiberglass		12 None used (open hole)			
6 Concrete tile		8 RMP (SR)			
7 Torch cut		9 ABS			
8 Saw cut		10 Other (specify) _____			
9 Drilled holes		11 None (open hole)			
10 Other (specify) _____		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		13 Insecticide storage <u>none</u>			
1 Continuous slot		14 Abandoned water well			
2 Louvered shutter		15 Oil well/Gas well			
3 Mill slot <u>X</u>		16 Other (specify below)			
4 Key punched		17 _____			
5 Gauzed wrapped		18 _____			
6 Wire wrapped		19 _____			
7 Torch cut		20 _____			
8 Saw cut		21 _____			
9 Drilled holes		22 _____			
10 Other (specify) _____		23 _____			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		24 _____			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		25 _____			
6 GROUT MATERIAL:		26 _____			
1 Neat cement		27 _____			
2 Cement grout		28 _____			
3 Bentonite <u>X</u>		29 _____			
4 Other _____		30 _____			
Grout Intervals: From <u>surface</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft.		31 _____			
What is the nearest source of possible contamination:		32 _____			
1 Septic tank		33 _____			
2 Sewer lines		34 _____			
3 Watertight sewer lines		35 _____			
4 Lateral lines		36 _____			
5 Cess pool		37 _____			
6 Seepage pit		38 _____			
7 Pit privy		39 _____			
8 Sewage lagoon		40 _____			
9 Feedyard		41 _____			
10 Livestock pens		42 _____			
11 Fuel storage		43 _____			
12 Fertilizer storage		44 _____			
13 Insecticide storage		45 _____			
14 Abandoned water well		46 _____			
15 Oil well/Gas well		47 _____			
16 Other (specify below)		48 _____			
17 _____		49 _____			
18 _____		50 _____			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Brown fine sandy CLAY			
9	15	Brown fine silty SAND			
Grout and casing height variance granted,					
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>1-22-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>217</u> This Water Well Record was completed on (mo/day/yr) <u>3/23/90</u> under the business name of <u>Groundwater Tech., Inc.</u> by (signature) <u>Baughman</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					