

1 LOCATION OF WATER WELL: County: SEDGWICK Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 1 Township Number: T 28 S Range Number: R 1 E

Distance and direction from nearest town or city street address of well if located within city? 3534 W 29th S WICHITA MW-2

2 WATER WELL OWNER: KOCHIND Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 3534 W 29th S Application Number:
City, State, ZIP Code: WICHITA KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 17 ft. ELEVATION: _____ ft.
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr _____ ft.
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 8 in. to 17 ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
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: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 7 Fiberglass _____ Welded _____
Blank casing diameter 2 in. to 7 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
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
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From _____ ft. to 17 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 5 ft. to 17 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 0 ft. to 5 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) PIANT OP
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? WITHIN FACILITY How many feet? WITHIN

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) 11/25/91 and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. 107 This Water Well Record was completed on (mo/day/yr) 12/11/91
under the business name of Jayne Western Co Inc by (signature) [Signature]

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.