

1 LOCATION OF WELL:		Fraction <u>NW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>9</u>	Township Number <u>T 28 S</u>	Range Number <u>R 1</u>																																																
County: <u>SEDGWICK</u>																																																					
Distance and direction from nearest town or city street address of well if located within city? <u>SEE BELOW</u>																																																					
2 WATER WELL OWNER: <u>IRA GAVIN</u>																																																					
RR#, St. Address, Box # : <u>8628 BROWNIE</u>			Board of Agriculture, Division of Water Resources																																																		
City, State, ZIP Code : <u>WICHITA KS 67215</u>			Application Number:																																																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>666</u> ft. ELEVATION:																																																			
		Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.																																																			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>5-17-93</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 _____ in. to _____ ft. and _____ in. to _____ ft.																																																			
		WELL WATER TO BE USED AS:																																																			
		☒ 1 Domestic ☐ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 11 Injection well ☐ 2 Irrigation ☐ 4 Industrial ☐ 7 Lawn and garden only ☐ 10 Monitoring well ☐ 12 Other (Specify below)																																																			
		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 ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____ ☐ 7 Fiberglass Threaded _____																																																					
Blank casing diameter <u>5</u> in. to <u>59</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																					
Casing height above land surface <u>12</u> in. weight <u>260</u> lbs./ft. Wall thickness or gauge No. <u>160 PVC</u>																																																					
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) _____ ☐ 12 None used (open hole)																																																					
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 ☐ 7 Torch cut ☐ 10 Other (specify) _____																																																					
SCREEN-PERFORATED INTERVALS: From <u>59</u> ft. to <u>666</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																					
GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>666</u> 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 <u>3</u> ft. to <u>23</u> 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? _____ How many feet? _____																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>16</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16</td> <td>25</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>27</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27</td> <td>36</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td>37</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>666</td> <td>med sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	top soil				2	16	clay				16	25	sand				25	27	clay				27	36	sand				36	37	clay				37	666	med sand			
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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>5-17-93</u> and this record is true to the best of my knowledge and belief. Kansas																																																					
Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>5-19-93</u>																																																					
under the business name of <u>Weninger Drilling Co.</u> by (signature) <u>Weninger</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.																																																					