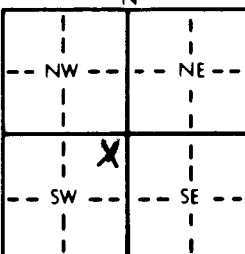


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NW 1/4</u>	Section Number <u>12</u>	Township Number <u>T 29 S</u>	Range Number <u>R 2 E</u>
Distance and direction from nearest town or city street address of well located within city? <u>8435 N. 133rd St</u>				
2 WATER WELL OWNER: <u>Jon Parker</u> RR#, St. Address, Box #: <u>PO Box 754</u> City, State, ZIP Code: <u>Goddard, KS 67052</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>77</u> ft. ELEVATION: Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>2-18-97</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>11</u> in. to <u>77</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 7 Lawn and garden only 8 Air conditioning 10 Monitoring well 11 Injection well 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No _____		
5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC Blank casing diameter <u>5</u> in. to <u>17</u> ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</u> 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing joints: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 10 Other (specify) 8 RMP (SR) 9 ABS 11 Other (specify) 12 None used (open hole) SCREEN-PERFORATED INTERVALS: From <u>17</u> ft. to <u>77</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>77</u> ft., From _____ ft. to _____ ft.				
6 GROUT MATERIAL: <u>3</u> 1 Neat cement <u>20</u> 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Direction from well? <u>northwest</u> How many feet? <u>150</u>				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-18-97</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>2-20-97</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Michelle Becker</u>				
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRM 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.				