

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sumner</b>		<b>SE ¼ SE ¼ NW ¼</b>		<b>23</b>		<b>T 32 S</b>		<b>R 01 W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>NW of Washington &amp; Sumner Streets</b>									
2 WATER WELL OWNER:		<b>Cargill, Inc.</b>							
RR#, St. Address, Box # :		<b>715 E. 13<sup>th</sup> St. N</b>							
City, State, ZIP Code :		<b>Wichita, KS 67214</b>							
		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 <b>45</b> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1 <b>30</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr							
		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 <b>8.5</b> in. to <b>45</b> ft. and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		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) <b>10 Monitoring well</b>							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted							
		Water Well Disinfected? Yes _____ No <b>X</b>							
5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) _____							
<b>2 PVC</b> 4 ABS		7 Fiberglass _____							
		Welded _____							
		<b>Threaded Flush</b>							
Blank casing diameter <b>2</b> in. to <b>35</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <b>PVC</b> 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 <b>3 Mill slot</b> 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>35</b> ft. to <b>45</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>33.2</b> ft. to <b>45</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other <b>Grout</b>							
Grout Intervals From <b>1</b> ft. to <b>31</b> ft. From <b>31</b> ft. to <b>33.2</b> 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)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well? _____		How many feet? _____							
FROM	TO	CODE	LITHOLOGIC LOG				FROM	TO	PLUGGING INTERVALS
0	23.5		<b>Clay, trace sand</b>						
23.5	24.5		<b>Silt</b>						
24.5	26		<b>Clay, sandy</b>						
26	32.25		<b>Silty, trace clay</b>						
32.25	32.5		<b>Sand, fine grain</b>						
32.5	34.5		<b>Silt, trace sand, little clay</b>						
34.5	35		<b>Sand, fine grain</b>						
35	35.5		<b>Silt</b>						
35.5	40.5		<b>Sand, trace silt</b>						
40.5	42.5		<b>Sand, fine to med grain</b>						
42.5	43		<b>Clay, sandy gravelly</b>						
43	44.5		<b>Silt, trace clay</b>						
44.5	45		<b>Sand, med grain, trace gravel</b>						
45			<b>Shale</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>3-10-05</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>5-2-05</b>									
under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W 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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