

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Sumner</b>		<b>SE</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>23</b>	T <b>32</b> S	R <b>01</b> <b>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>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		<b>Wichita, KS 67214</b>		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>27</b> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1 <b>17.5</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>27</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:					
1 Steel      3 RMP (SR)      5 Wrought Iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____ <b>2 PVC</b> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass <b>Threaded</b> <b>Flush</b>					
Blank casing diameter <b>2</b> in. to <b>17</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:					
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:					
1 Continuous slot <b>3 Mill slot</b> 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 <b>17</b> ft. to <b>27</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>15.2</b> ft. to <b>27</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout <b>3 Bentonite</b> 4 Other _____					
Grout Intervals From <b>1</b> ft. to <b>15.2</b> 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? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
<b>0</b>	<b>7.5</b>		<b>Clay, trace silt &amp; sand</b>		
<b>7.5</b>	<b>9</b>		<b>Sand, some clay, trace gravel</b>		
<b>9</b>	<b>9.5</b>		<b>Sandy clay</b>		
<b>9.5</b>	<b>10.5</b>		<b>Sand</b>		
<b>10.5</b>	<b>14</b>		<b>Sandy-gravelly clay</b>		
<b>14</b>	<b>18</b>		<b>Silt, trace clay</b>		
<b>18</b>	<b>21</b>		<b>Sand, very fine grain</b>		
<b>21</b>	<b>22</b>		<b>Sand, fine grain</b>		
<b>22</b>	<b>27</b>		<b>Sand fine to med grain</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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