

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>	<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>26</u>	T <u>25</u> S	R <u>2</u> <u>EW</u>

Distance and direction from nearest town or city? APPROXIMATELY 10 MILES NE OF WICHITA Street address of well if located within city?

WATER WELL OWNER: K.I.E.S.
 RR#, St. Address, Box #: PO BOX 745
 City, State, ZIP Code: WICHITA, KANSAS 67201 Board of Agriculture, Division of Water Resources
 Application Number: 4-5

DEPTH OF COMPLETED WELL: 39 ft. Bore Hole Diameter: 4 in. to 39 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: DRY ft. below land surface measured on JULY month 13 day 1981 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: Well water was _____ ft. after _____ hours pumping _____ gpm

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 dia: 1 in. to 29 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. SCHEDULE 40

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 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-Perforation Dia: 1 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 29 ft. to 39 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 29 ft. to 39 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 26 ft., From 26 ft. to 29 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 6 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines SOLID WASTE DISPOSAL TREAT.
 Direction from well: NORTH WEST How many feet: APPROX 750? Water Well Disinfected? Yes _____ No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on JULY month 13 day 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 399
 This Water Well Record was completed on JULY month 13 day 1981 year under the business name of WOODWARD CLYDE CONSULTANTS by (signature) Richard H. Melady

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	<u>0</u>	<u>4#</u>	<u>DARK BROWN TO BLACK CLAY TOPSOIL</u>			
	<u>4</u>	<u>28</u>	<u>YELLOW-BROWN SILTY CLAY</u>			
	<u>28</u>	<u>29</u>	<u>LIGHT GRAY CLAYEY SILT</u>			
	<u>29</u>	<u>35</u>	<u>YELLOW-BROWN SILTY CLAY W/ ABUNDANT SUGARY CARBONATE</u>			
	<u>35</u>	<u>39</u>	<u>SIMILAR TO ABOVE W/ REDDISH MOTTLING</u>			

ELEVATION: _____ ft. _____ ft. _____ ft. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.