

WCC-6

LOCATION OF WATER WELL: Fraction CENTER OF 5 1/2 OF Section Number 26 Township Number T 25 S Range Number R 2 EW
 County: SEDGWICK 1/4 1/4 SW 1/4

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. Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: PO BOX 745 Application Number:
 City, State, ZIP Code: WICHITA, KANSAS 67201 [3-D]

DEPTH OF COMPLETED WELL: 58.2 ft. Bore Hole Diameter: 4 in. to 58.2 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: 51 ft. below land surface measured on JULY month 14 day 1981 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield gpm: 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 48.2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 20 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) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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-Perforation Dia: 1 in. to 58.2 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 48.2 ft. to 58.2 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 47.3 ft. to 58.2 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 44.3 ft., From 44.3 ft. to 47.3 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
SOLID WASTE DISPOSAL TRENCH

Direction from well: NORTH How many feet: APPROX 1000? Water Well Disinfected? Yes _____ No

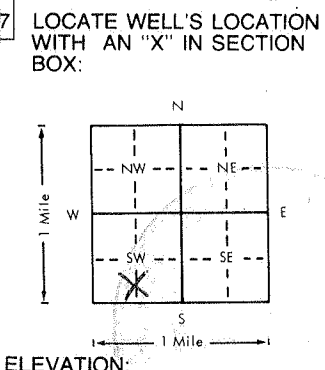
Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No

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 11 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 14 day 1981 year under the business name of WOODWARD-CLYDE CONSULTANTS by (signature) Richard K. Melick



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4 ft	DARK GRAY-BROWN TOPSOIL CLAY			
4	21	YELLOWISH OLIVE SILTY CLAY W/ TRACE OF RED MOTTLING			
21	52.6	REDDISH-BROWN, GRAY AND ORANGE MOTTLED SILTY CLAY, WEATHERED SHALE, CARBONATE NODULES + VEINS			
52.6	57	DARK GRAY CALCAREOUS CLAY SHALE			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 39 ft. 2. _____ ft. 3. _____ ft. 4. _____ 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.