

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SW ¼ SW ¼ SW ¼	Section Number 27	Township Number T 26 S	Range Number R 1 E		
Distance and direction from nearest town or city street address of well if located within city? 3850 North Hydraulic Avenue, Wichita, Kansas							
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Unified School District No. 259 3850 North Hydraulic Avenue Wichita, Kansas		01958012 MW-5D Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N +-----+-----+ NW NE +-----+-----+ SW SE +-----+-----+ X S W E 1 Mile		4 DEPTH OF COMPLETED WELL: 44 ft. ELEVATION: Approx. Surface 1325 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 09/08/95 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield . N/A . gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.25 in. to 44 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X					
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) (2) PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X			
Blank casing diameter _____ in. to 31.5 ft., Dia _____ in. to _____ ft. Casing height above land surface -2 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) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		7 PVC 10 Asbestos-cement 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-PERFORATED INTERVALS: From 31.5 ft. to 44 ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 29 ft. to 44 ft., From _____ ft. to _____ ft.							
6 GROUT MATERIAL: (1) Neat cement 2 Cement grout (3) Bentonite 4 Other		Grout 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 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		LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0		0.5		Topsoil			
0.5		8.0		Dark Brown Fat Clay, Trace Sand			
8.0		18.0		Brown Fat Clay			
18.0		19.5		Brown Fat Clay, Trace Sand			
19.5		23.0		Olive-Brown, Clayey Medium Sand			
23.0		27.0		Brown, Medium to Coarse Sand With Gravel			
27.0		34.0		Olive-Gray, Sandy Fat Clay			
34.0		43.0		Dark Gray, Highly Weathered Shale			
43.0		44.0		Dark Gray Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 08/21/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 12-18-97 under the business name of Terracon Consultants, Inc. by (signature) <i>[Signature]</i>							
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							