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|---|----|---|----------------|---|--------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: Sedgewick | | SE 1/4 SW 1/4 NE 1/4 | 27 | T 24S S | R 13E |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| 2400 East 37th Street North, Wichita, Kansas | | | | | |
| 2 WATER WELL OWNER: Phillips Pipe Line Company-Wichita Terminal | | | | | |
| RR#, St. Address, Box #: 2400 East 37th Street North | | | | Board of Agriculture, Division of Water Resources | |
| City, State, ZIP Code: Wichita, Kansas | | | | Application Number: | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: 24 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. | | | |
| | | WELL'S STATIC WATER LEVEL: 0 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: in. to 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 | | | |
| 5 TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued Clamped | | | |
| 1 Steel 3 RMP (SR) 2 PVC 4 ABS | | 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-cement | | | |
| Blank casing diameter: 2 in. to 5 ft., Dia | | Casing height above land surface: 36 in., weight lbs./ft. Wall thickness or gauge No. | | | |
| 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 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 10 Other (specify) | | | |
| SCREEN-PERFORATED INTERVALS: | | From 5 ft. to 20 ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | |
| GRAVEL PACK INTERVALS: | | From 2 ft. to 22 ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | |
| 6 GROUT MATERIAL: | | 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | |
| Grout Intervals: From 0 ft. to 2 ft., From ft. to ft., From ft. to ft. | | 5 Livestock pens 14 Abandoned water well 6 Septic tank 15 Fuel storage 16 Oil well/Gas well 7 Sewer lines 17 Fertilizer storage 18 Other (specify below) 8 Watertight sewer lines 19 Insecticide storage | | | |
| 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 |
| 4 | 6 | Red brown, clayey silt, hard dense, dry | | | |
| 9 | 11 | Medium gray, silty clay, small shale fragments, hard, dense, non plastic, dry | | | |
| 14 | 16 | Light gray-gray brown, sandy silt, plastic, soft, dense wet | | | |
| 19 | 20 | Dark gray, silty clay, shale fragments, dense, hard, moist | | | |
| 20 | 22 | Dark gray weathered shale, gypsum, hard, damp, dry | | | |
| 24 | 26 | Dark gray shale, dense, hard gypsum imbedded, dry | | | |
| 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) 10-24-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 644 This Water Well Record was completed on (mo/day/yr) 12-2-91 under the business name of Maxum Technologies, Inc. by (signature) [Signature] | | | | | |
| 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. | | | | | |