

LOCATION OF WATER WELL: County: Sedgwick Fraction: SE 1/4 NW 1/4 NW 1/4 Section Number: 33 Township Number: T 26 S Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city?

30' S of 35th St N and 110' W of St. Francis Wichita, Ks nmw. 335

WATER WELL OWNER: City of Wichita

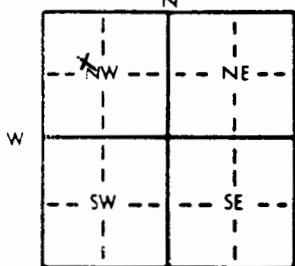
R#, St. Address, Box #: 1900 E. 9th STREET

City, State, ZIP Code: Wichita, Ks 67214

Board of Agriculture, Division of Water Resources

Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: 22.7 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 13 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 1.1 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 2 1/8 in. to 22.7 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 sub-

mitted Water Well Disinfected? Yes _____ No X

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 3/4 ABS

Blank casing diameter 3/4 in. to 12.6 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. SC/H 80

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass 8 RMP (SR)

6 Concrete tile 9 ABS

10 Asbestos-cement 11 Other (specify) _____

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped 8 Saw cut

6 Wire wrapped 9 Drilled holes

7 Torch cut 10 Other (specify) _____

11 None (open hole)

SCREEN-PERFORATED INTERVALS:

From 12.6 ft. to 22.7 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 9.8 ft. to 22.7 ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRROUT MATERIAL:

1 Neat cement 2 Cement grout 3 Bentonite

4 Other _____

Grout intervals: From 0 ft. to 9.8 ft. From _____ ft. to _____ 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

11 Fuel storage 15 Oil well/Gas well

12 Fertilizer storage 16 Other (specify below)

13 Insecticide storage

How many feet?

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 4 Sandy Clay _____ _____

4 23 Sand _____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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) 1-10-01 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 604 This Water Well Record was completed on (mo/day/yr) 3-12-01

Under the business name of Environmental Priority Service, Inc by (signature) Ray Ray

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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.

OFFICE USE ONLY

H

E/W

SEC.

1/4

1/4

1/4