

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>16</u>	T <u>26</u> S	R <u>1</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>~400' North of N. 53rd St and ~500' east of N. Broadway Wichita, KS</u>					
2 WATER WELL OWNER: <u>City of Wichita, Stormwater Management</u>					
RR#, St. Address, Box # : <u>1801 S. McLean</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Wichita, KS 67213</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION:			
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered 1. <u>21.0</u> ft. 2. <u>18.5</u> ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>17.45</u> ft. below land surface measured on mo/day/yr <u>10-21-02</u>			
		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. <u>8</u> in. to <u>35</u> 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 Domestic (lawn & garden) <u>10 Monitoring well mw-1D</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes. <u>No</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>2</u> in. to <u>35</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface. <u>0</u> in., weight <u>sch 40</u> lbs./ft. Wall thickness or gauge No. _____				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<u>7 PVC</u>	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3 Mill slot</u>		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>22.5</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>22.5</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>SW</u>				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <u>Manufacturer</u>	
				How many feet? <u>~1000'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	3.0	Grass and vegetation, dark brown silty clay, moist, no odor	20.0	33.0	no odor
3.0	5.0	Tan brown sandy clay, moist, no odor	33.0	35.0	medium to coarse sand, saturated, no odor
3.0	7.0	Tan brown sandy clay, moist, no odor			shale, bedrock
7.0	7.5	medium coarse sand, dry no odor			
7.5	10.0	Dark brown medium plasticity clay with iron staining, moist, no odor			
13.0	18.0	Dark brown silty clay with sand, soft, moist, no odor			
18.0	20.0	Dark grey fine sand, saturated			
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) <u>10/15/02</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's Licence No. <u>614</u> This Water Well Record was completed on (mo/day/yr) <u>12/15/02</u>					
under the business name of <u>MAXIM Technologies</u> by (signature) <u>[Signature]</u>					
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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					