

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 SW 1/4 NW 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>~2000' South of N. 6th St and ~400' 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 AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>38</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>22.0</u> ft. 2. <u>19</u> ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>18.93</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>38</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</u> Monitoring well <u>MW-20</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</u> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter ..... in. to <u>38</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface: ..... in., weight <u>sch 40</u> lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		<u>1</u> PVC	
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</u> Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) ..... ft.	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>38</u> ft. to <u>28</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>38</u> ft. to <u>25</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other .....					
Grout Intervals: From <u>25</u> ft. to <u>2</u> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				<u>10</u> Livestock pens	
				<u>11</u> Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				<u>16</u> Other (specify below) <u>Manufacturer</u>	
Direction from well? <u>NW</u>				How many feet? <u>~1000'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	3.0	Vegetation, Dark brown silty clay moist, no odor			
3.0	7.0	tan brown sandy clay, moist, no odor			
7.0	7.5	medium coarse sand, dry to moist, no odor			
7.5	13.0	Dark brown medium plasticity clay with red staining, moist, no odor			
13.0	18.0	Dark brown silty clay with sand moist, soft, no odor			
18.0	37.0	fine to medium grained sand saturated, no odor			
37.0	38.0	Shale, bedrock			
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>10/15/07</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>12/5/02</u> under the business name of <u>Maxim Technologies</u> by (signature) <u>undifford</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.					