

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>16</u>	T <u>26</u> S	R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city: <u>2800' North of N. 53rd St and 2600 ft east of Broadway Ave 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>36</u> ft. ELEVATION: <u>17.8</u> ft.			
		Depth(s) Groundwater Encountered: 1. <u>20</u> ft. 2. <u>17.8</u> ft. 3. <u>10-21-02</u> ft.			
		WELL'S STATIC WATER LEVEL: <u>16.55</u> 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: <u>8</u> in. to <u>36</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) 10 Monitoring well <u>MW-3D</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	8 Concrete tile	CASING JOINTS: Glued. _____ Clamped. _____
<u>2 PVC</u>		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter: <u>2</u> in. to <u>36</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface: <u>0</u> in., weight <u>sch 40</u> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3</u> 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____					
Grout Intervals: From <u>23.5</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	<u>10</u> Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	<u>11</u> Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) <u>Manufacturer</u>
Direction from well? <u>West</u>				13 Insecticide storage	How many feet? <u>~600'</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	Red brown sandy silt, moist no odor			
7.0	16.0	Dark red brown stiff sandy clay, moist, no odor			
16.0	19.0	Red brown fine grained sand, moist, saturated			
19.0	35.0	Light brown medium to coarse grained sand, saturated			
35.0	36.0	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>10/16/02</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>12/5/02</u>					
under the business name of <u>Maxim Technologies</u> by (signature) <u>Wm. Stoffer</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.					