

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>20</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>SE Corner of N. 53rd St and Salina St Wichita, KS</u>					
2 WATER WELL OWNER: <u>City of Wichita</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box # : <u>455 N. Main</u>			Application Number:		
City, State, ZIP Code : <u>Wichita, KS 67202</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>42.5</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>13.40</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>12.87</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>2</u> in. to <u>42.5</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-5D</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		8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued. Clamped.	
				Welded.	
				Threaded.	
Blank casing diameter <u>2</u> in. to <u>42.5</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>2</u> 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>2</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>42.5</u> ft. to <u>32.5</u> ft., From ft. to ft.					
From <u>42.5</u> ft. to <u>30.0</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>42.5</u> ft. to <u>30.0</u> ft., From ft. to ft.					
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>30</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	
				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>	
Direction from well? <u>NE</u>				How many feet? <u>~2000'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	0.5	Vegetation, topsoil			sand, saturated, no odor
0.5	2.5	Dark brown silty clay, moist, no odor	41.5	42.5	Grey shale, bedrock
2.5	4.5	Red brown sandy silt, dry, no odor			
4.5	10.0	Red brown fine grained sand, moist, no odor			
10.0	15.0	Red brown fine grained sand with iron staining, moist, no odor			
15.0	16.5	Red brown fine grained sand w/ gravel, saturated, no odor			
16.5	41.5	Grey shale, bedrock			
		Medium to coarse grained			
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>10/17/02</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>William Skiffed</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.					