WAIER								urces, App. No.		
1 LOCATI	ON OF W	ATER WELL:	Fraction		S	ection N	umber	Township No	umber	Range Number
County:	Sedg	wick	nw ¼	ne ¼	ne ¼	18	•4• •	T 208	S	R IE E/W
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: Sedgwick nw ½ ne ½ ne ½ 18 T 26s S R 1e E/W										
located within city? Latitude: Longitude:										
6151 N Sullivan Longitude: 2 WATER WELL OWNER: Mich Brown Elevation:										
RR#, St. Address, Box # : 6151 N Sullivan Datum:										
City State	Address, bo	: Park Ci	Sumvan tv. Ks 67204	I		Datum: Data Coll	ection N	Method:		
3 LOCATE	WELL'S	A DEDTH OF	COMPLE	FED WELL	47	Jala Con	ection iv	ft.		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 47 ft. LOCATON										
1	N "X" IN	Depth(s) Group	dwater Ence	untered 1			A 2		ft 3	A
1		WELL'S STAT	IUWAICI EIICI			1-11-	. 11. 4		11. 3	ay/yr
SECTION		WELL'S STAT	IC WATER	LEVEL	II.	below la	na suria	ice measured o	n mo/a	ay/yr
N Pump test data: Well water was ft. after hours pumping gp Est. Yield 20 gpm: Well water was ft. after hours pumping gp										
	X	Est. Yield 20	gpm:	Well water	was	ft.	after	hours	pumpi	ng gpm
NW	NE -	WELL WATER								
W I Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial (7)Domestic (lawn & garden) 10 Monitoring well										
W E Dolliestic 3 Feed tot Golf field water supply 5 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial (Domestic (lawn & garden) 10 Monitoring well										
Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs										
5	3									
S Sample was submitted Water Well Disinfected? Yes x No 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued x Clamped										
		RMP (SR) 6					Jaw)	iivo Jolivio.	Walde	d
O DVC	3 1	ABS 7	Fiberalas	inent ;	Outer (s	pechy be	iow <i>j</i>		Throad	4
DIVI	4 /	ABS /	ribergiass	D:-		4.		D:-	i nread	eu
Blank casing	diameter	5 in. to	37 n.	, Dia	in	. to	π.,	Dia	ⁱⁿ .	το π.
(2) PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter 5 in. to 37 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
2 Brass 4 Gaivanized steel 6 Concrete tile 8 KM (SK) 10 Asbestos-Cement 12 None used (open hole)										
1 Continuous slot (3) Mill slot 5 Guaza wranned 7 Torch out 0 Drilled holes 11 None (open hole)										
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 37 ft. to 47 ft. From ft. to ft.										
SCREEN-PE	RFORATE	D INTERVALS:	From	37	ft. to	47	ft. Fro	om	ft. to	ft.
GRAV	FI PACK	INTERVALS:	From	22	ft to	47	ft Fr	om	ft to	ft.
J. Gierr	LLIMON	HVIDICVIDO.	From		ft to		ft Fr	om	ft to) H
			7.10111		<u> </u>		1.01			7
GRAVEL PACK INTERVALS: From 22 ft. to 47 ft. From ft. to ft.										
Grout Interva	ils Fron	$\frac{3}{1}$ ft. to	22 ft.	From	ft. 1	0	ft.	From		ft. to ft.
What is the n	earest source	ce of possible con	tamination:							
										16 Other (specify
2 Sewer		5 Cess pool		e lagoon 1				indoned water	well	below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
Direction from	m well? V	Vest		F	low many	feet? 60				
FROM	TO	LITHOL	OGIC LOG		FROM	TO		PLUGGING	G INTE	RVALS
0	1 To	p soil								
1	18 CI	ay								
18		ne sand								
30		ed sand								
40	47 Sh	ale			ļ					
					ļ					
 			····		+		 			
										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged										
		was completed on (IIII W					nowledge and belief.
		ctor's License No.	7 40	. This Wat	er Well Rec			d on (mo/day/ye		
		Weninger Dril		_	by (signatu		• •		/	· .
1								of Health and Fan	ironment	Bureau of Water
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for										
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										