

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 NW 1/4 SW 1/4</u>	<u>16</u>	T <u>26</u> S	R <u>21</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>Along Flood Control Easement, EAST OF NORTH BROADWAY</u>					
2 WATER WELL OWNER: <u>CITY OF WICHITA (FLOOD CONTROL) KDHE MW #2</u>					
RR#, St. Address, Box # <u>ATTN: Bob Jennings</u> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: _____ Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>36.1</u> ft. ELEVATION: <u>1339.17</u> TOC			
		Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>21.48</u> ft. below land surface measured on mo/day/yr <u>11/19/89</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>7 7/8</u> in. to <u>36.1</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 Lawn and garden only    10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No _____; If yes, mo/day/yr sample was submitted <u>11/17/88</u> Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued _____ Clamped _____ 2 <u>PVC</u> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ Blank casing diameter <u>2</u> in. to <u>16</u> ft., Dia. <u>2</u> in. to <u>21-31</u> ft., Dia. <u>40</u> in. to _____ ft. Casing height above land surface <u>16</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot    3 <u>Mill slot</u> 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 <u>16</u> ft. to <u>21</u> ft., From _____ ft. to _____ ft.					
From <u>31.1</u> ft. to <u>36.1</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>36.1</u> ft., From _____ ft. to _____ ft.					
From <u>natural collapse</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 <u>Bentonite</u> 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>14</u> ft., From <u>14</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) 13 Insecticide storage <u>Pipeline</u>					
Direction from well? <u>North</u> How many feet? <u>50</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>3</u>	<u>Topsoil</u>	<u>36.5</u>		<u>Soft blue grey shale</u>
<u>3</u>	<u>12</u>	<u>dark brown to black clay with moderate silt content</u>			
<u>12</u>	<u>25</u>	<u>fine friable sand, some clay in upper, brown</u>			
<u>25</u>	<u>30</u>	<u>fine to medium, light brown, sub rounded sand some clay at 27'</u>			
<u>30</u>	<u>36.5</u>	<u>Very coarse sand and gravel (arkosic)</u>			
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>10/26/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1C0HE</u> This Water Well Record was completed on (mo/day/yr) <u>12/18/89</u> under the business name of <u>1C0HE</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

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