

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NW 1/4 SW 1/4</u>	<u>18</u>	T <u>26</u> S	R <u>1</u> W
Distance and direction from nearest town or city street address of well if located within city? <u>5535 Sullivan Ave. ST.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>5535 Sullivan Ave. ST.</u>		Application Number: <u>N/A</u>			
City, State, ZIP Code : <u>Wichita, Kansas 67204</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. <u>13</u> ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>6/19/85</u>			
		Pump test data: Well water was <u>13</u> ft. after <u>1</u> hours pumping <u>255</u> gpm			
		Est. Yield <u>60</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter <u>9</u> in. to <u>12</u> ft., and ..... in. to ..... ft.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="checkbox"/> 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..... No. <u>X</u> If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes ..... No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped .....			
1 Steel		5 Wrought iron		8 Concrete tile	
2 PVC		6 Asbestos-Cement		9 Other (specify below)	
3 RMP (SR)		7 Fiberglass		Welded .....	
4 ABS				Threaded .....	
Blank casing diameter <u>5</u> in. to <u>30</u> ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.					
Casing height above land surface <u>12</u> in., weight <u>1.5</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) .....	
5 Fiberglass		6 Concrete tile		12 None used (open hole)	
8 RMP (SR)					
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot		6 Saw cu	
2 Louvered shutter		4 Key punched		9 Drilled holes	
5 Torch cut		10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS:		11 None (open hole)			
From <u>30</u> ft. to <u>35</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS:					
From <u>N/A</u> ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:		4 Other .....			
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From <u>0</u> ft. to <u>12</u> ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		4 Lateral lines		14 Abandoned water well	
2 Sewer lines		5 Cess pool		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		16 Other (specify below)	
7 Pit privy		12 Fertilizer storage			
8 Sewage lagoon		13 Insecticide storage			
9 Feedyard		How many feet? <u>60</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	Dark Brown Clay			
6	11	Med. Coarse Sand			
11	13	" " Large Gravel			
13	14	6m Clay			
14	20	Lt. Brn. extra Fine Sand			
20	35'6"	Lt. Brn. Med. Coarse Sand			
Well in Basement.					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-30-85</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>295</u> This Water Well Record was completed on (mo/day/yr) <u>11-21-85</u>					
under the business name of <u>Protheroe Pump &amp; Well Service</u> by (signature) <u>Alvin J. Protheroe</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4