MW-1	WATER WELL RECORD	Form WWC-5 KSA	82a-1212	
LOCATION OF WATER WELL:	Fraction	Section Numb		Range Number
County: Sedgwick		SE 14 28	T 26 S	R 1 (E)W
Distance and direction from nearest town	or city street address of well if locate	ed within city?	-	
3900 N Bridgeport	t Wichita			
WATER WELL OWNER: City	of Wichita			
RR#, St. Address, Box # : 1900	East 9th Street		Board of Agriculture,	Division of Water Resource
City, State, ZIP Code : Wich:	ita KS 67214		Application Number:	
LOCATE WELL'S LOCATION WITH 4 AN "X" IN SECTION BOX:	DEPTH OF COMPLETED WELL. epth(s) Groundwater Encountered ELL'S STATIC WATER LEVEL . N Pump test data: Well wat st. Yield	.50.0. ft. ELE 1. 26	ft. 2. ft. surface measured on mo/day/yr ft. after hours p ft. after hours p ft., and in 8 Air conditioning 11 9 Dewatering 12 by 10 Monitoring well 7 Yes No. X If yes Water Well Disinfected? Yes CASING JOINTS: Glue elow) Welch the ft., Dia bs./ft. Wall thickness or gauge for the surface of	umping gpn umping gpn umping gpn n to ft Injection well Other (Specify below) s, mo/day/yr sample was su No X ad Clamped ded saded Flush Joint in to ft
				•
2 Brass 4 Galvanized		9 ABS	12 None used (o	,
SCREEN OR PERFORATION OPENINGS		zed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill s		wrapped	9 Drilled holes	
2 Louvered shutter 4 Key	punched 7 Torcl		10 Other (specify) From ft.	
GROUT MATERIAL: 1 Neat cern rout Intervals: From8.0ft. //hat is the nearest source of possible cor 1 Septic tank 4 Lateral li	to 1 ft., From	3 Bentonite ft. to 10 Liv	vestock pens 14 A	
2 Sewer lines 5 Cess po	_ * *		11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below)	
3 Watertight sewer lines 6 Seepage				NONE (Specify below)
•	5 pit 5 i eeuyalu		many feet?	**
Pirection from well?	LITHOLOGIC LOG	FROM TO	PLUGGING	INTERVALS
	material.			
2.0' 8.0' Silty clay				
	silt & sand.			
	sire & sand.			
6.0' 50.0' Sand.				
				the same of the sa
				THAT A PARTY OF THE PARTY OF TH
CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION: This water well v	vas (1) constructed (2) r	econstructed, or (3) plugged un	der my jurisdiction and was
ompleted on (mo/day/year) 3-10-	-92		ecord is true to the best of my kr	
Vater Well Contractor's License No53	11 This Water V			
	nnical Services, Inc.		gnature)	fraren
INSTRUCTIONS: Use typewriter or ball point pen. of Health and Environment, Bureau of Water, Top	. PLEASE PRESS FIRMLY and PRINT clearly. Pl	ease fill in blanks, underline or of 5545. Send one to WATER WEL	circle the correct answers. Send top three L OWNER and retain one for your record	copies to Kansas Department ls.