

1 LOCATION OF WATER WELL: County: <b>Sedgwick</b>		Fraction <b>NE 1/4 SE 1/4 SW 1/4</b>		Section Number <b>29</b>	Township Number <b>T 26 S</b>	Range Number <b>R 1</b>
Distance and direction from nearest town or city street address of well if located within city? <b>60' S. of 3920 North Arkansas Ave, Wichita, KS</b>						
					<b>50885024</b>	<b>MW-8</b>
2 WATER WELL OWNER: <b>Southwestern Bell Telephone, Real Estate Management District</b>						
RR#, St. Address, Box #: <b>220 East 6th Street, Suite 700Y</b>				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <b>Topeka, KS 66603</b>				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>22.5</b> ft. ELEVATION: <b>Approx. Surface Elev: 1320</b>				
		Depth(s) Groundwater Encountered 1. <b>15.6</b> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <b>15.6</b> ft. below land surface measured on mo/day/yr <b>12/06/89</b>				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield <b>N/A</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter <b>9"</b> in. to <b>22.5</b> ft., and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:						
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 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes _____ No <b>X</b>						
5 TYPE OF BLANK CASING USED:						
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____ 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass      Threaded _____						
Blank casing diameter <b>2</b> in. to <b>7</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>-3</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel      3 Stainless steel      5 Fiberglass      7 PVC      10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) _____ 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot      3 Mill slot      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 <b>7</b> ft. to <b>22</b> ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>6</b> ft. to <b>22</b> ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____						
Grout Intervals: From <b>0</b> ft. to <b>4</b> ft., From <b>4</b> ft. to <b>6</b> 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) <b>Abandoned Fuel Tank</b> 13 Insecticide storage						
Direction from well? <b>NW</b> How many feet? <b>150</b> <b>Excavation</b>						
FROM		TO		LITHOLOGIC LOG		FROM
0		4.5		Brown Sandy Lean Clay		TO
4.5		8.0		Medium Brown Sandy Lean Clay		
8.0		12.5		Brown Silty Sand		
12.5		14.0		Medium Sandy Silt		
14.0		18.5		Brown Silty Sand		
18.5		22.5		Light Brown, Well-graded Sand w/gravel		
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) <b>10/19/89</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>416</b> This Water Well Record was completed on (mo/day/yr) <b>12/20/89</b> under the business name of <b>Terracon Consultants, Inc.</b> by (signature) <i>[Signature]</i>						
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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.						