

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		SW 1/4 NW 1/4 NE 1/4	32	T <u>26</u> S	R <u>2</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>390' N and 795' W of 8905 East 35th Street North, Wichita, KS 52905040 MW-7</u>					
2 WATER WELL OWNER: <u>Boeing Military Airplanes</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>P.O. Box 7730, M/S K11-65</u>		Application Number:			
City, State, ZIP Code: <u>Wichita, KS 67277-7730</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>28.5</u> ft. ELEVATION: <u>Approx. Surface Elev.: 1425 MSI</u>			
		Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>16.1</u> ft. below land surface measured on mo/day/yr <u>08/27/90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>28.5</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 Monitoring 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 <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 _____
		7 Fiberglass			Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>8.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>34.3</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 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>8.0</u> ft. to <u>28.0</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From <u>7.0</u> ft. to <u>28.5</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 <u>Cement grout</u>	3 <u>Bentonite</u>	4 Other _____	
Grout Intervals: From <u>0</u> ft. to <u>5.0</u> ft., From <u>5.0</u> ft. to <u>7.0</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 <u>Fuel storage</u>	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage					
Direction from well? <u>SE</u>		How many feet? <u>675</u>			
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		5.0		Silty Lean Clay, Dark Brown	
5.0		7.0		Lean Clay, Olive-Gray	
7.0		10.0		Lean to Fat Clay, Yellow-Gray	
10.0		14.0		Fat Clay, Gray	
14.0		19.0		Lean to Fat Clay, Gray	
19.0		21.0		Silty Lean Clay, Gray	
21.0		23.0		Lean to Fat Clay, Olive-Gray	
23.0		24.0		Silty Lean Clay with Sand, Red-Brown	
24.0		26.0		Lean to Fat Clay, Olive-Gray	
26.0		28.0		Fat Clay, Gray	
28.0		28.5		Gypsum	
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>04/17/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>11-29-90</u> under the business name of <u>Terracon Consultants, Inc.</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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