

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>	<u>SE 1/4 SE 1/4</u>	<u>10 9</u>	<u>T 27 S</u>	<u>R 1 E</u>

Distance and direction from nearest town or city street address of well if located within city?

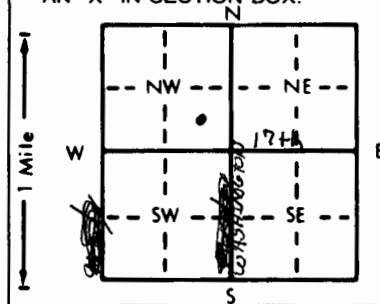
Approx. 100 Yards North of South Entrance off 17th Street

2 WATER WELL OWNER: Allens ConcreteRR#, St. Address, Box # : 1820 North MosleyCity, State, ZIP Code : Wichita, KS

Board of Agriculture, Division of Water Resources

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL 22 FT ft. ELEVATION: 1306.85 FT

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 10-13-95

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 10 in. to _____ 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 _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

- 1 Steel
2 PVC
3 RMP (SR)
4 ABS

- 5 Wrought iron
6 Asbestos-Cement
7 Fiberglass
8 Concrete tile
9 Other (specify below)

- CASING JOINTS: Glued _____ Clamped _____
Welded _____
Threaded

Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface Grade in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

- 1 Steel
2 Brass
3 Stainless steel
4 Galvanized steel

- 5 Fiberglass
6 Concrete tile
7 RMP (SR)
8 ABS

- 10 Asbestos-cement
11 Other (specify)
12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

- 1 Continuous slot
2 Louvered shutter
3 Mill slot
4 Key punched

- 5 Gauzed wrapped
6 Wire wrapped
7 Torch cut
8 Saw cut
9 Drilled holes
11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 12 ft. to 22 ft., From _____ ft. to _____ ft.GRAVEL PACK INTERVALS: From 22 ft. to 10 ft., From _____ ft. to _____ ft.6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____Grout Intervals: From 10 ft. to 2 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- 1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard

- 10 Livestock pens
11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below)

Direction from well?

How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete			
1	3	Black silty clay; Asphalt odor			
3	7	No Sample			
7	12	Dark brown to black, firm silty clay, No odor			
12	16	Dark brown to black, firm silty clay, Increasing sand with depth, No odor.			
16	17	Black coarse grained silty clay sand, slight petroleum odor. SAT.			
17	22	Fine to coarse grained silty sand.			

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) 10-23-95 and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. 524 This Water Well Record was completed on (mo/day/yr) 10-26-95under the business name of Allied Labs by (signature) Robert B. Brownell

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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