

mw-9

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <b>Sedgwick</b>		<b>SW 1/4 NW 1/4 SW 1/4</b>		<b>29</b>		<b>T 27 S</b>		<b>R 1 EW</b>			
Distance and direction from nearest town or city street address of well if located within city? <b>1015 Stillwell, Wichita, Ks 67213</b>											
2 WATER WELL OWNER:											
RR#, St. Address, Box # <b>Central Motor Pool Attn: Alison McKinney Brown</b> Board of Agriculture, Division of Water Resources											
City, State, ZIP Code <b>525 N. Main, Suite 359, Wichita, Ks 67203</b> Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>19.5</b> ft. ELEVATION:									
		Depth(s) Groundwater Encountered <b>1. 14.0 13.11</b> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <b>13.11</b> ft. below land surface measured on <b>mo/day/yr 3/20/96</b>									
		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 <b>8.625</b> in. to <b>20</b> 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 <b>10 Monitoring well mw-9</b>									
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 _____											
3 Fiberglass Threaded _____											
Blank casing diameter <b>2</b> in. to <b>9.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to <b>X</b> ft.											
Casing height above land surface <b>0</b> in., weight <b>SCH 40 PVC</b> lbs./ft. Wall thickness or gauge No. _____											
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 <b>3</b> 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>9.5</b> ft. to <b>19.5</b> ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <b>9</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.											
From _____ ft. to _____ 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>7</b> ft. From <b>3</b> ft. to <b>7</b> ft. From <b>9</b> 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 <b>16 Other (specify below)</b>											
13 Insecticide storage											
Direction from well? _____ How many feet? _____ Contaminated Si											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
GL		2.00		Soil							
2.00		13.00		Silty Sand (SM)							
13.00		20.00		Sand (SP)							
20.00		TD		End of borehole							
Flush Mount waiver D. Taylor 6/13/93											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3-18-96</b> and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>4-12-96</b>											
under the business name of <b>Associated Environmental, Inc</b> by (signature) <b>D. Taylor</b>											
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.											

OFFICE USE ONLY

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