

<b>LOCATION OF WATER WELL:</b> City: Sedgwick		Fraction <u>SE ¼ NW ¼ NW ¼</u>	Section Number <u>9</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E</u>
Name and direction from nearest town or city street address of well if located within city? <u>2' N of 20<sup>th</sup> St. and 670' E of Topeka</u> <u>Wichita, KS NWL-09D</u>					
Water Well Owner: City of Wichita			Board of Agriculture, Division of Water Resources		
St. Address, Box #: <u>1900 E. 9<sup>th</sup> STREET</u>			Application Number:		
State, ZIP Code: <u>Wichita, KS 67214</u>					
LOCATE WELL'S LOCATION WITH "X" IN SECTION BOX: <div style="text-align:center; margin-top:10px;"> </div>		DEPTH OF COMPLETED WELL: <u>42.9</u> ft.			
		ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>13.5</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____			
		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>2 1/8</u> in. to <u>43</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>			
<b>TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Casing diameter <u>3/4</u> in. to <u>32.8</u> ft.		Dia _____ in. to _____ ft.		CASING JOINTS: Glued _____ Clamped _____	
Height above land surface <u>Flush</u> in., weight _____ lbs./ft.		Wall thickness or gauge No. <u>SCH 80</u>			
<b>SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 Torch cut	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		③ Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b>					
From <u>32.8</u> ft. to <u>42.9</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
Gravel Pack Intervals:		From <u>31</u> ft. to <u>42.9</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
<b>CROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout		③ Bentonite	
Intervals: From <u>0</u> ft. to <u>31</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
Is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		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) _____	
How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	5	Silty Clay			
5	8	Clay			
8	11	Silty Clay			
11	43	Sand			

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) 1-23-01 and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/yr) 3-12-01 by business name of Environmental Priority Service, Inc. by (signature) Dary Juy

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY AND PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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.