

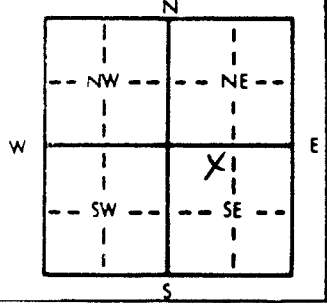
|                         |                      |                |                 |              |
|-------------------------|----------------------|----------------|-----------------|--------------|
| LOCATION OF WATER WELL: | Fraction             | Section Number | Township Number | Range Number |
| County: Sedgwick        | NE 1/4 NW 1/4 SE 1/4 | 17             | T 27 S          | R 1 E        |

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

5' N of 9<sup>th</sup> St N and 180' E. of Wichita  
WATER WELL OWNER: City of Wichita  
R#, St. Address, Box # : 1900 E. 9<sup>th</sup> STREET  
City, State, ZIP Code : Wichita, Ks 67214  
Wichita, Ks  
nmw-22D  
Board of Agriculture, Division of Water Resources  
Application Number:

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

4. DEPTH OF COMPLETED WELL..... 40.0 ..... ft. ELEVATION: .....



Depth(s) Groundwater Encountered 1. 10.5 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 1.1 gpm; Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter 2 1/8 in. to 40.0 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   | <u>10</u> Monitoring well |                          |

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No X \_\_\_\_\_

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . .  
 ② PVC 4 ABS 7 Fiberglass Threaded. **X** . . .  
 Tank casing diameter **3/4** in. to **30.1** ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.  
 Casing height above land surface **Flush** in., weight . . . lbs./ft. Wall thickness or gauge No. **SCH 80**

TYPE OF SCREEN OR PERFORATION MATERIAL:

|         |                    |                 |            |                          |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | 8 RMP (SR) | 11 Other (specify) ..... |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS      | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot      3 Mill slot      6 Wire wrapped      9 Saw cut  
2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) .....

### GREEN-PERFORATED INTERVALS:

|                        | From | ft. to | ft. From | ft. to | ft. From | ft. to | ft. From | ft. to | ft. From | ft. to |
|------------------------|------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
| GRAVEL PACK INTERVALS: | From | 27.5   | ft. to   | 40.0   | ft. From |        | ft. to   |        | ft. From |        |
|                        | From |        | ft. to   |        | ft. From |        | ft. to   |        | ft. From |        |
|                        | From |        | ft. to   |        | ft. From |        | ft. to   |        | ft. From |        |

GROUT MATERIAL:

Out Intervals: From 0 ft. to 27.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                 |                 |                        |                          |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank            | 4 Lateral lines | 7 Pit privy     | 11 Fuel storage        | 15 Oil well/Gas well     |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | 12 Fertilizer storage  | 16 Other (specify below) |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 13 Insecticide storage |                          |

direction from well?

[illegible]

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) 1-9-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo/day/yr) 3-12-01 under the business name of Environmental Priority Service, Inc by (signature) [Signature]

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.