

LOCATION OF WATER WELL: County: Sedawick		Fraction <u>SE ¼ SE ¼ NE ¼</u>	Section Number <u>4</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E/W</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>350' W. of New York & 3420' N. of 21st, Wichita, KS. NMW-38D</u>									
WATER WELL OWNER: <u>City of Wichita</u> R#, St. Address, Box #: <u>1900 E. 9th St.</u> City, State, ZIP Code: <u>Wichita, KS 67214</u>			Board of Agriculture, Division of Water Resources Application Number:						
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"><table border="1" style="margin: auto; width: 100px; height: 100px;"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table>X</div>		NW	NE	SW	SE	DEPTH OF COMPLETED WELL... <u>40.0</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>NA</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL ... <u>NA</u> ft. below land surface measured on mo/day/yr 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. <u>2 ½</u> in. to <u>40.0</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below) 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>			
NW	NE								
SW	SE								
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <u>② PVC</u> <u>4 ABS</u>		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ Blank casing diameter <u>3 ¾</u> in. to <u>32.4</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>③ Mill slot</u> 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <u>32.4</u> ft. to <u>39.7</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>29.0</u> ft. to <u>39.9</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>③ Bentonite</u> 4 Other _____									
Grout Intervals: From <u>1</u> ft. to <u>29.0</u> 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 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 16 Other (specify below) 13 Insecticide storage									
Direction from well?		How many feet?							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
		<u>THH</u>							
<u>0</u>	<u>17</u>	<u>Clay w sand @ 13-15'</u>							
<u>17</u>	<u>27</u>	<u>Sand</u>							
<u>27</u>	<u>34</u>	<u>Clay to silty Clay</u>							
<u>34</u>	<u>40</u>	<u>Sand & GRAVEL</u>							
			RECEIVED RECEIVED						
			OCT 10 2001 AUG 24 2001						
			BUREAU OF WATER BUREAU OF WATER						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>①</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-6-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>604</u> . This Water Well Record was completed on (mo/day/yr) <u>7-18-01</u> under the business name of <u>Environmental Priority Service, 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									