

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number						
County: Sedgewick		NW ¼ NE ¼ NW ¼	33	T 27 S	R 1 EW						
Distance and direction from nearest town or city street address of well if located within city?											
156' W. of Mead St. N of Osie # 956 B											
WATER WELL OWNER: City of Wichita		Board of Agriculture, Division of Water Resources									
RR#, St. Address, Box #: 1900 E. 9th		Application Number:									
City, State, ZIP Code: Wichita, KS. 67214											
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL... 23.0 ft. ELEVATION:									
<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>X</td><td></td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		X		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. NA ft. 2. ft. 3. ft.			
		X									
		NW	NE								
		SW	SE								
WELL'S STATIC WATER LEVEL ... NA 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 . 3.4 in. to 23.0 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 X If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes No X											
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped Welded Threaded X									
1 Steel                         3 RMP (SR)											
② PVC                         4 ABS											
Blank casing diameter 1.0 in. to 13.2 ft. Dia											
Casing height above land surface in. weight lbs./ft. Wall thickness or gauge No. Sch 80											
TYPE OF SCREEN OR PERFORATION MATERIAL:		⑦ PVC                         10 Asbestos-cement									
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:		5 Gauzed wrapped            8 Saw cut                    11 None (open hole)									
1 Continuous slot            ③ Mill slot                    6 Wire wrapped            9 Drilled holes											
2 Louvered shutter         4 Key punched                7 Torch cut                10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From 13.2 ft. to 22.9 ft.											
GRAVEL PACK INTERVALS: From 11.0 ft. to 22.9 ft.											
GROUT MATERIAL: 1 Neat cement            2 Cement grout            ③ Bentonite                4 Other											
Grout intervals: From 0 ft. to 11.0 ft.											
What is the nearest source of possible contamination:		10 Livestock pens            14 Abandoned water well									
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?		How many feet?									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS						
0	10	Clay									
10	23	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) 9-24-02 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) 5-3-02 under the business name of Environmental Priority Service by (signature) Phil A. Mott											
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.											