

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																																																															
County: Sedgwick		SE ¼ SW ¼ NE ¼		4		T 27 S		R 1 E																																																																																																																															
Distance and direction from nearest town or city street address of well if located within city?																																																																																																																																							
2 WATER WELL OWNER: UPRR/WICHITA FUELING FACILITY																																																																																																																																							
RR#, St. Address, Box # : 2645 NewYork Ave.																																																																																																																																							
City, State, ZIP Code : Wichita, Ks																																																																																																																																							
Board of Agriculture, Division of Water Resources Application Number: MW-19																																																																																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION: 1317.91																																																																																																																																					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																																																																																					
		WELL'S STATIC WATER LEVEL 19.62 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 12 in. to 30 ft. and _____ in. to _____ ft.																																																																																																																																					
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																																																																																																																																							
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																																																																																							
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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																																																																																																																																							
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 _____																																																																																																																																							
7 Fiberglass _____ Threaded X																																																																																																																																							
Blank casing diameter 4 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																																																																							
Casing height above land surface 0 in., weight .332 lbs./ft. Wall thickness or gauge No. 5.594																																																																																																																																							
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 3 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 15 ft. to 30 ft. From _____ ft. to _____ ft.																																																																																																																																							
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																																																																							
GRAVEL PACK INTERVALS: From 13 ft. to 30 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 0 ft. to 12 ft. From 12 ft. to 13 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)																																																																																																																																							
Contaminated site																																																																																																																																							
Direction from well? _____ How many feet? _____																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td></td> <td>Surface</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>4.5</td> <td></td> <td>Black silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.5</td> <td>8</td> <td></td> <td>Black silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>15</td> <td></td> <td>Gray-brown silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>19.5</td> <td></td> <td>Gray sand, fine, trace clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19.5</td> <td>26</td> <td></td> <td>Gray sand, medium grained</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26</td> <td>30</td> <td></td> <td>Weathered black shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1		Surface				1	4.5		Black silty clay				4.5	8		Black silty clay				8	15		Gray-brown silty clay				15	19.5		Gray sand, fine, trace clay				19.5	26		Gray sand, medium grained				26	30		Weathered black shale																																																																									
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was _____																																																																																																																																							
completed on (mo/day/yr) 2-27-02 and this record is true to the best of my knowledge and belief. Kansas																																																																																																																																							
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 4-9-02																																																																																																																																							
under the business name of Woofert Pump and Well Inc. by (signature) <i>Jay P. Woofert</i>																																																																																																																																							
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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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