

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		SE ¼ SE ¼ SE ¼		20		T 27 S		R 1E E/W	
Distance and direction from nearest town or city street address of well if located within city? 565 South Market Street, Wichita, Kansas									
2 WATER WELL OWNER: T & B Corporation									
RR#, St. Address, Box # : 1955 S. Washington Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : Wichita, KS 67211 Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 21.8 ft. ELEVATION: 1299.02							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 15.7 ft. below land surface measured on mo/day/yr 8/20/04							
		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 8.25 in. to 21.8 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 2 in. to 11.8 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface -5 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
3 Mill slot 9 ABS 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 11.8 ft. to 21.8 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 9.8 ft. to 21.8 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From 1 ft. to 9.8 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? East How many feet? 5									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	0.7		Concrete						
0.7	5	CL	Gray clay with sand						
5	7	CL	Olive clay with sand						
7	10	CLS	Olive sandy clay						
10	12	SC	Olive clayey sand						
12	15	SP	Brown fine to medium sand						
15	15.5	CL-ML	Olive silty clay						
15.5	16	CH	Fat clay						
16	21.8	SW	Gray medium to very coarse sand						
RECEIVED									
OCT 26 2004									
BUREAU OF WATER									
7 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/yr) 8/17/04 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 10/25/04									
under the business name of Terracon by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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