

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>SE ¼ SE ¼ SE ¼</b>		<b>20</b>		<b>T 27 S</b>		<b>R 1E E/W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>565 South Market Street, Wichita, Kansas</b>									
2 WATER WELL OWNER: <b>T &amp; B Corporation</b>									
RR#, St. Address, Box # : <b>1955 S. Washington</b> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <b>Wichita, KS 67211</b> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>21.9</b> ft. ELEVATION: <b>1297.92</b>							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>14.7</b> ft. below land surface measured on mo/day/yr <b>8/20/04</b>							
		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 <b>8.25</b> in. to <b>21.9</b> 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 <u>Monitoring well</u>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes _____ No <b>X</b>									
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 <b>X</b>									
Blank casing diameter <b>2</b> in. to <b>11.9</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>-5</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch 40</b>									
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 <u>Mill slot</u> 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 <b>11.9</b> ft. to <b>21.9</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>9.9</b> ft. to <b>21.9</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____									
Grout intervals From <b>1</b> ft. to <b>9.9</b> 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 <u>Fuel storage</u> 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? <b>North</b> How many feet? <b>165</b>									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2.8	CL	Gray clay						
2.8	4.5	CL	Brown clay						
4.5	8	CL	Olive clay with sand						
8	11	SC	Olive clayey sand						
11	15	SW	Brown fine to medium sand						
15	21.9	SP	Brown fine to very coarse sand						
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>  <b>OCT 26 2004</b>  <b>BUREAU OF WATER</b> </div>									
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) <b>8/19/04</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>416</b> This Water Well Record was completed on (mo/day/yr) <b>10/25/04</b>									
under the business name of <b>Terracon</b> 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.									

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