Sedgwick SW SE NE NE NE NE NE NE NE	1 LOCATIO	ON OF WATE	R WELL:	Fract	ion				Section	Section Number		Township Number		Range Number		r
Distance and direction from nearrest town or only street address of well if located within city? 2 (MATER WELL OWNER: 2) (MATER WELL OWNER: 2) (MATER WELL OWNER: 3) (MATER STANDERS) (Material Standers) 3) (MATER WELL OWNER: 4) (MATER STANDERS) 4) (MATER STANDERS) 4) (MATER STANDERS) 5) (MATER STANDERS) 6) (MATER STANDERS) 6	County:	Sed	awick	sv	V 1/4	SE	1/4	NE ½		04	Т Т	27	s	R	01	Е
2445N. New York Street, Wichita - on UPRR property180° N, 7' E of SW corner Building D on 2545 New York 2549 N. New York Social and Pools Wichita, KS 67219 Application Number: Wichita, KS 67219 Application Number: SW-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N-N																
2] WATER WELL OWNER. 2549 N. New York Resp. St. Address Dox #: 2549 N. New York Wichita, KS 67219 DEPTH OF COMPLETED WELL Sept. St. Address Dox #:										of SW o	corner	Building	D on 2	545 New	/ York	
RES, St. Address, Box # 2549 N. New York									,							
City, Stept. 2/P Code Application Number: Application Number:	_						,				Dan		ultura Divi	olon of M	ator Dago	
DEPTH OF COMPLETED WELL 39	1											•		SION OF VV	ater Resot	rces
Depth(s) Groundwater Encountered 1 15 n. 2 n. 1	City, State, 4	ZIP Code	:	VVICII	ita, No	0/21	9				Арр	lication Nu	mber:			
Depth(s) Groundwater Encountered: 1, 15, ft. 2, ft. 3, ft. 1, the Wells STATION ATTER LEVEL. WELL'S STATION ATTER LEVEL. Pump test data: Well water was ft. after hours pumping gmm bear was stated. State in the water supply gmm bear was stated. State in the water supply gmm bear was stated. State in the water supply gmm bear was stated. State in the water supply gmm bear was stated. State in the water supply gmm bear was stated in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the water supply gmm bear was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. State in the was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. The was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. The was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. The part was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. The was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was submitted. The was a chemical-baselerological sample submitted to Department? Yes. No. X. If yes, mordaylyr sample was su	3 AN "X" IN	SECTION B	OX:	1 4 DEP	TH OF C	OMPLE	TED WE	:11	39	ft FLF\	/ATION:					
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Casing height above land surface Flushmount in, weight 0.703 bs./ft. Wall thickness or gauge No. Sch. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 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 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 34 ft. to 39 ft. From ft. to ft. From							-									_
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Serout Materials	GR/	AVEL PACK I	NTERVAL				ft. to			ft. F	rom		ft. 1			
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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	under the bi	usiness name	of	Geote	chnica	I Serv	ices, l	nc.	by (sign	ature) /	[110	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.	INSTR	UCTIONS: PI	ease fill in b	lanks and circ	le the cor	rect answ	ers. Sen	d three copie	s to Kansas	s Departme	nt of Hea	ith and Env	ironment, B	ureau of W	ater, 1000 S	S W