

1

LOCATION OF WATER WELL:

County: **Sedgwick**

Fraction: **SE ¼ SE ¼ SE ¼**

Section Number: **15**

Township Number: **T 27 S**

Range Number: **R 1 E**

Distance and direction from nearest town or city street address of well if located within city?  
**3020 E. Central, Wichita**

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WATER WELL OWNER: **William Cummings**

RR#, St. Address, Box # : **3018 E. 8<sup>th</sup>**

City, State, ZIP Code : **Wichita, KS 67214**

Board of Agriculture, Division of Water Resources

Application Number:

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LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

1 Mile

W

E

S

NW

NE

SW

SE

X

4

DEPTH OF COMPLETED WELL: **35** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 **18.77** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ 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 **8** in. to **35** 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**

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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 \_\_\_\_\_ **Flush**

Blank casing diameter **2** in. to **20** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./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:

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 **20** ft. to **35** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **17** ft. to **35** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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GROUT MATERIAL:

1 Neat cement 2 Cement grout **3 Bentonite** 4 Other \_\_\_\_\_

Grout Intervals From **1** ft. to **17** 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>0.5</b>		<b>Concrete</b>			
			<b>Clay, with silt and sand, very dark brown to light red-brown to light brown, sand seams from 15.5 to 16 ft and 20 to 20.5 ft</b>			
<b>0.5</b>	<b>32</b>					
<b>32</b>	<b>35</b>		<b>Sand, fine grained, light brown</b>			

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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) **04/02/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **04/05/07** under the business name of **Geotechnical Services Inc.** by (signature) *Sarah A. Water*

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.