193					Γ		
WATER WELL REC		Form WWC			er Resources; App. No.	T	
1 LOCATION OF WA County: Tagwic		Fraction SW 1/4 NG 1/4 9		Section Number	Township Number T 3 S	Range Number R H/W	
Distance and direction	from nearest town	or city street address of w			g Systems (decimal deg		
				Latitude:			
Sw corner of Clark & Exchange				Longitude:			
2 WATER WELL OWNER: City of Wichita RR#, St. Address, Box # : 1900 & 9th				Elevation:			
City, State, ZIP Code Wichita KS 6724				Datum:			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL				Data Collection Method:			
2 Brass 4 Gal SCREEN OR PERFORA 1 Continuous slot 2 Louvered shutter SCREEN-PERFORATEI	Depth(s) Groundw WELL'S STATIC Pump test Est. Yield WELL WATER T Domestic 3 Irrigation 4 Was a chemical/be Sample was subm SED: 5 Wrou SINGE (SR) 6 Asbeen 10	vater Encountered (1). WATER LEVEL data: Well water was gpm: Well water was O BE USED AS: 5 Pub Feedlot 6 Oil field Industrial 7 Domest acteriological sample sub itted ight Iron 8 Con stos-Cement 9 Other glass The piameter in, Weight ATERIAL: Fiberglass Concrete tile 8 RM (SI ARE: 5 Gauzed wrapped 7	olic water sed water subtic (lawn & water subtic (specify	below land surfaceft. afterft. after supply 8 Air pply 9 Dev & garden) D Mor Department? Yes r well disinfected? CASIN below) n. to	measured on mo/day hours pumping. hours pumping. conditioning 11 Injutation watering 12 Oth nitoring well Welded. Threaded Diameter ckness or guage No. 11 Other (Specify) 12 None used (open her) 11 None (open her) 11 to 11 to 11 to 11 None (open her)	gpm	
6 GROUT MATERIAL Grout Intervals: Fro What is the nearest source 1 Septic tank 2 Sewer lines 3 Watertight sewer Direction from well?	e of possible contan 4 Lateral li 5 Cess pool lines 6 Seepage	nes 7 Pit privy 8 Sewage lagoon pit 9 Feedyard	10 Livest 11 Fuel st 12 Fertiliz	ock pens 13 In torage 14 A zer Storage 15 C	secticide Storage bandoned water well	16 Other (specify below)	
FROM TO	LITHOLO	OGIC LOG	FROM		PLUGGING INT		
o' l' Top	soil H. Soud						
7 CONTRACTOR'S OI under my jurisdiction and Kansas Water Well Contr under the business name INSTRUCTIONS: Use typew	was completed on ractor's License No of CNV/ron Ment	(mo/day/year) This Water PLEASE PRESS FIRMLY and	D. J and or Well Re- LIC b PRINT clear	I this record is true cord was complete y (signature)	to the best of my known d on (mo/day/year) .7	wledge and belief.	
three copies to Kansas Departm	nent of Health and Envir to WATER WELL	conment, Bureau of Water, Geo OWNER and retain one	logy Section	, 1000 SW Jackson St.	Suite 420, Topeka, Kansas	66612-1367. Telephon	