

<b>1 LOCATION OF WATER WELL:</b>		Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>		Section Number <b>16</b>	Township Number <b>T 27 S</b>	Range Number <b>R 1 E</b>
County: <b>Sedgwick</b>						
Distance and direction from nearest town or city street address of well if located within city? <b>700 east central Wichita, Kansas 67202</b>						
<b>2 WATER WELL OWNER: Steffen Dairy</b>						
RR#, St. Address, Box # : <b>700 e central</b>				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Wichita, Kansas 67202</b>				Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 32.0 ft. ELEVATION:</b>				
		Depth(s) Groundwater Encountered 1 <b>15.0</b> ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>14.41</b> ft. below land surface measured on mo/day/yr _____				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter _____ in. to _____ 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 <b>Air sparge</b>						
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>						
<b>5 TYPE OF BLANK CASING USED:</b>						
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____						
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____						
7 Fiberglass _____ Threaded <b>X</b>						
Blank casing diameter <b>2.375</b> in. to <b>30.0</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____						
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 <b>32.0</b> ft. to <b>30.0</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>32.0</b> ft. to <b>29.0</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>sand</b>						
Grout intervals From _____ ft. to _____ ft. From <b>4.0</b> ft. to <b>29.0</b> ft. From <b>0.0</b> ft. to <b>4.0</b> 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 (former) 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>NA</b> How many feet? <b>0</b>						
FROM	TO	CODE	LITHOLOGIC LOG			
<b>0.0</b>	<b>0.5</b>		<b>Gravel</b>			
<b>0.5</b>	<b>4.0</b>		<b>Light brown silty clay</b>			
<b>4.0</b>	<b>8.0</b>		<b>Light brown silty clay firm</b>			
<b>8.0</b>	<b>13.0</b>		<b>Light brown silty sandy clay firm</b>			
<b>13.0</b>	<b>26.0</b>		<b>Light Brown sand medium grain strong hydrocarbon odor</b>			
<b>26.0</b>	<b>32.0</b>		<b>Light brown sand medium-coarse grain</b>			
			<b>Boring terminated @ 32.0</b>			
			<b>Flush-mount well completion waiver existent for site.</b>			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>01/08/08</b> and this record is true to the best of my knowledge and belief. <b>Kansas</b>						
Water Well Contractor's License No. <b>692</b>			This Water Well Record was completed on (mo/day/yr) <b>03/20/08</b>			
under the business name of <b>Quad State Services, Inc.</b>			by (signature)			
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

T

R

SEC