

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>SW ¼ SE ¼ SW ¼</b>		<b>16</b>		<b>T 27 S</b>		<b>R 1</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>	
Distance and direction from nearest town or city street address of well if located within city? <b>700 east central Wichita, Kansas 67202</b>									
2 WATER WELL OWNER: <b>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:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>23.0</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <b>15.0</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>15.71</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) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span> Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span>									
Blank casing diameter <b>2.375</b> in. to <b>8.0</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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> 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>23.0</b> ft. to <b>8.0</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>23.0</b> ft. to <b>7.0</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> Cement grout <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> Bentonite 4 Other _____									
Grout Intervals From <b>0.0</b> ft. to <b>2.0</b> ft. From <b>2.0</b> ft. to <b>7.0</b> ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span> Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span> 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>									
LITHOLOGIC LOG									
FROM	TO	CODE							
<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>12.0</b>		<b>Light brown firm clay</b>						
<b>12.0</b>	<b>15.0</b>		<b>Dark gray silty sandy clay soft</b>						
<b>15.0</b>	<b>23.0</b>		<b>Dark gray sand with clay</b>						
			<b>Boring terminated @ 23.0</b>						
<b>Flush-mount well completion waiver existent for site.</b>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span> 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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.									

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