

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		SW ¼ SE ¼ SW ¼		16		T 27 S		R 1 EW	
Distance and direction from nearest town or city street address of well if located within city? 700 east central Wichita, Kansas 67202									
2 WATER WELL OWNER: Steffen Dairy									
RR#, St. Address, Box # : 700 e central Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : Wichita, Kansas 67202 Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 23.0 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 15.10 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 15.75 ft. below land surface measured on mo/day/yr _____							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield NA 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									
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									
5 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 X									
Blank casing diameter 2.375 in. to 8.0 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
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 23.0 ft. to 8.0 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 23.0 ft. to 7.0 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout intervals From 0.0 ft. to 2.0 ft. From 2.0 ft. to 7.0 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 (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? NA How many feet? 0									
LITHOLOGIC LOG									
FROM	TO	CODE							
0.0	0.5		Gravel						
0.5	4.0		Light brown silty clay						
4.0	8.0		Light brown silty clay firm						
8.0	12.0		Light brown firm clay						
12.0	15.0		Dark gray silty sandy clay soft						
15.0	23.0		Dark gray sand with clay						
			Boring terminated @ 23.0						
Flush-mount well completion waiver existent for site.									
7 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) 01/08/08 and this record is true to the best of my knowledge and belief, Kansas									
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 03/20/08									
under the business name of Quad State Services, Inc. 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.									

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