

1 LOCATION OF WATER WELL:		Fraction NW ¼ SE ¼ NW ¼		Section Number 28	Township Number T 27 S	Range Number R 1
County: Sedgwick						
Distance and direction from nearest town or city street address of well if located within city? 1202 S Washington Wichita, Kansas 67211						
2 WATER WELL OWNER: Stewart Enterprises						
RR#, St. Address, Box # : 1202 S Washington				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Wichita, Kansas 67211				Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 32 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 17.40 ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 17.0 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 Air Sparge						
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 30.0 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) _____						
3 Mill slot 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 10 Other (specify) _____						
7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From 30.0 ft. to 28.0 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 30.0 ft. to 27.0 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 Sand						
Grout Intervals From _____ ft. to _____ ft. From 4.0 ft. to 27.0 ft. From 0.0 ft. to 4.0 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	1.0		Dark brown silty clay firm			
1.0	4.0		Dark Brown silty clay, firm			
4.0	10.0		Light brown silty hard clay, dry			
10.0	21.0		Light brown sand fine grain slight hydrocarbon odor			
10.0	21.0		Light Brown sand, fine grain			
21.0	27.0		Dark gray sand, fine-medium grain			
27.0	30.0		Light brown sand medium coarse grain			
			Hit Shale Boring terminated @ 30.0			
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) 3/20/08 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) 3/20/08		
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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