

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Sedgwick		NW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	28		T 27 S	R 1 EW
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 17.70 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) _____						
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 32.0 ft. to 30.0 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 32.0 ft. to 29.0 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 29.0 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, dry			
1.0	11.0		Light Brown clay firm			
11.0	17.0		Light Brown sand, fine-med grain, wet			
17.0	24.0		Dark Gray sand, fine grain, wet			
24.0	31.0		Light Brown sand, medium coarse grain			
31.0	32.0		Gravel Light Brown Pea size			
			Boring terminated @ 32.0			
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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