

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		NW ¼ SE ¼ NW ¼	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 17.40 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					
SCREEN-PERFORATED INTERVALS: From 32.0 ft. to 30.0 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 32.0 ft. to 29.0 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 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		
1.0	7.0		Dark Brown silty clay, firm		
7.0	11.0		Light brown sand fine grain		
11.0	12.0		Light brown clay, sandy firm		
12.0	22.0		Light Brown sand, fine grain		
22.0	27.0		Dark gray sand, fine-medium grain strong hydrocarbon odor		
27.0	32.0		Light brown sand medium coarse grain		
			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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