

1 LOCATION OF WATER WELL:		Fraction SE ¼ NE ¼ NE ¼		Section Number 21		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? 1630 E. 2nd Street, Wichita, Kansas									
2 WATER WELL OWNER: Alice Schwartz									
RR#, St. Address, Box # : 1719 Hackney					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Winfield, Kansas 67158					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 24.5 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 16.0 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 14.30 ft. below land surface measured on mo/day/yr 08/05/08							
		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 7.5 in. to 24.5 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) 6 Asbestos-Cement 9 Other (specify below) _____									
2 PVC 4 ABS 7 Fiberglass _____									
Blank casing diameter 2.375 in. to 9.5 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: 7 PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 24.5 ft. to 9.5 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 24.5 ft. to 8.5 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 1.0 ft. From 1.0 ft. to 8.5 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? Southeast How many feet? 65									
LITHOLOGIC LOG									
FROM	TO	CODE							
0.0	1.0		Concrete						
1.0	2.0		Dark brown-black very silty clay, firm, moist						
2.0	8.0		Brown very silty clay, firm, moist						
8.0	12.0		Brown silt, friable, moist						
12.0	16.0		Brown fine grained sand, well rounded, well sorted, very moist						
16.0	23.0		Brown fine-coarse grained sand, slightly gravelly, sub-rounded, poorly sorted, wet						
23.0	25.0		Gray fine-coarse grained sand, slightly gravelly, sub-rounded, poorly sorted, wet						
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) 08/05/08 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) 08/21/08				
under the business name of Quad State Services, Inc.					by (signature)				

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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.