

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Sedgwick</b>	<b>SE ¼ SE ¼ SE ¼</b>	<b>20</b>	T <b>27</b> S	R <b>1</b> <b>E</b>

Distance and direction from nearest town or city street address of well if located within city?

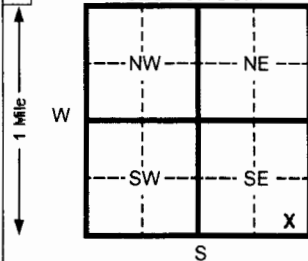
**565 S. Market - Wichita**2 WATER WELL OWNER: **T&B Corporation**RR#, St. Address, Box # : **1955 S. Washington**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Wichita, KS 67211**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

**32.5** ft. ELEVATION: **1298.48 (TOC)**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **8.25** in. to **32.5** 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 **Air Sparge**Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

**2 PVC** 4 ABS

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_

6 Asbestos-Cement

9 Other (specify below)

Welded \_\_\_\_\_

7 Fiberglass

**Threaded****Flush**Blank casing diameter **2** in. to **30** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

**7 PVC**

10 Asbestos-cement

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 **30** ft. to **32.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **15** ft. to **32.5** 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 **Portland Grout**Grout Intervals From **15** ft. to **13** ft. From **13** ft. to **3** 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

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?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.3		Concrete			
0.3	1		Fill, Sand			Well Completion Note:
1	3		Fill, Clay, dark gray			0' to 1' - Concrete
3	8		Clay, dark gray to light brown, iron content			1' to 3' - Sand, for remediation
8	12		Sandy Silt, gray			System pipe trench
12	32.5		Sand, gray, medium to coarse grained, coarsening downward			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and wascompleted on (mo/day/yr) **09/19/08**

and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531**This Water Well Record was completed on (mo/day/yr) **10/15/08**

under the business name of

**Geotechnical Services Inc.**by (signature) *[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.