

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>		<b>T 27 S</b>		<b>R 1 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>565 S. Market - Wichita</b>									
2 WATER WELL OWNER: <b>T&amp;B Corporation</b>									
RR#, St. Address, Box # : <b>1955 S. Washington</b> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <b>Wichita, KS 67211</b> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>32.5</b> ft. ELEVATION: <b>1298.15 (TOC)</b>							
		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 <b>8.25</b> in. to <b>32.5</b> 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 <b>Other</b> (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <b>Air Sparge</b>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____									
7 Fiberglass _____ Threaded <b>Flush</b>									
Blank casing diameter <b>2</b> in. to <b>30</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 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 <b>Mill slot</b> 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 <b>30</b> ft. to <b>32.5</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>15</b> ft. to <b>32.5</b> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other <b>Portland Grout</b>									
Grout Intervals From <b>15</b> ft. to <b>13</b> ft. From <b>13</b> ft. to <b>2</b> 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		<b>Concrete</b>						
0.3	4		<b>Sand, light brown</b>						
4	11		<b>Clay, gray-brown</b>						
11	32.5		<b>Sand, light brown, very fine to fine grained, coarsening downward, with some clay stringers</b>						
			<b>Well Completion Note:</b>						
			<b>0' to 1' - Concrete</b>						
			<b>1' to 2' - Sand, for remediation system pipe trench</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>09/19/08</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>10/15/08</b>									
under the business name of <b>Geotechnical Services Inc.</b> 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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