

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Sedgwick		NE $\frac{1}{4}$	NE $\frac{1}{4}$	NE $\frac{1}{4}$	8	T 27 S	R 1 E

Distance and direction from nearest town or city street address of well if located within city?
21st and Broadway, Wichita

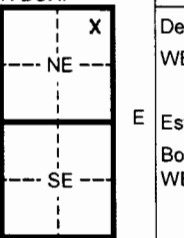
2 WATER WELL OWNER: **City of Wichita**

RR#, St. Address, Box # : **455 N. Main St., MS 1-13**

City, State, ZIP Code : **Wichita, KS 67202**

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **24** ft. **ELEVATION:**

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** in. to **24** 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

2 PVC

Blank casing diameter **2** in. to **22** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

3 RMP (SR)

4 ABS

7 Fiberglass

CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ Flush _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

2 Brass

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

3 Stainless steel

4 Galvanized steel

3 Mill slot

4 Key punched

5 Fiberglass

6 Concrete tile

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 RMP (SR)

9 ABS

8 Saw cut

9 Drilled holes

10 Other (specify) _____

11 Other (specify) _____

12 None used (open hole)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **22** ft. to **24** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **24** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement

Grout Intervals From **0.5** ft. to **20** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank

2 Sewer lines

3 Watertight sewer lines

2 Cement grout

3 Bentonite

4 Other **Bentonite Grout**

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

4 Lateral lines

5 Cess pool

6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

14 Abandoned water well

15 Oil well/ Gas well

16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	3.0		Clay, dark brown, with fine to medium grained sand			
3.0	7.0		Sandy Silt, brown, with fine grained sand			
7.0	11.0		Clayey Sand, tan to gray			
11.0	24.0		Sand, tan to brown, fine to coarse grained			

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) **01/11/10** 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) **01/28/10** under the business name of **Geotechnical 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.