


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Sedgwick	SE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	16	T 27 S	R 1 

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

Southeast corner of St. Francis and Murdock St. – Wichita

2	WATER WELL OWNER: KDHE	
RR#, St. Address, Box #	: 1000 SW Jackson St., Ste. 410	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	: Topeka, KS 66612	Application Number:

<div style="border: 1px solid black; padding: 5px;"> <p>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>DEPTH OF COMPLETED WELL 25 ft. ELEVATION: 1302.25 (TOC)</p> <p>Depth(s) Groundwater Encountered 1 15.4 ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL 15.40 ft. below TOC measured on mo/day/yr 06/29/11</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter 8.25 in. to 25 ft. and _____ in. to _____ ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> </tr> </table> <p style="text-align: center;">10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____</p> <p style="text-align: center;">Water Well Disinfected? Yes _____ No X</p> </div>	1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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5 TYPE OF BLANK CASING USED:			3 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel			6 Asbestos-Cement		9 Other (specify below)		Welded _____	
2 PVC			7 Fiberglass				Threaded _____ Flush _____	
3 RMP (SR)								
4 ABS								
Blank casing diameter			2 in. to 10 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	
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel			3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass			4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
							10 Asbestos-cement	
							11 Other (specify) _____	
							12 None used (open hole) _____	
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot			3 Mill slot		5 Gauzed wrapped		8 Saw cut	
2 Louvered shutter			4 Key punched		6 Wire wrapped		11 None (open hole) _____	
					7 Torch cut		9 Drilled holes	
							10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:								
From			10 ft. to		25 ft. From		ft. to	
GRAVEL PACK INTERVALS:								
From			12 ft. to		25 ft. From		ft. to	

6	GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other	
Grout Intervals		From	1 ft. to	12 ft. From	ft. to	ft. From	ft. to ft.
What is the nearest source of possible contamination:					10 Livestock pens	14 Abandoned water well	
1	Septic tank	4	Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/ Gas well	
2	Sewer lines	5	Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)	
3	Watertight sewer lines	6	Seepage pit	9 Feedyard	13 Insecticide storage		
Direction from well?					How many feet?		

[illegible]

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) 07/23/11 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) 07/28/11 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.