

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE ¼ SE ¼ SE ¼</u>	<u>20</u>	T <u>27</u> S	R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city?					
<u>220 East Kellogg, Wichita, KS</u>					
<b>2 WATER WELL OWNER:</b> <u>A&amp;K Pump Corp.</u>					
RR#, St. Address, Box #: <u>2510 West Pawnee</u>					
City, State, ZIP Code: <u>Wichita, KS</u>					
Board of Agriculture, Division of Water Resources Application Number: _____					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>25</u> ft. ELEVATION: _____			
<p>N</p> <p>E</p> <p>S</p>		Depth(s) Groundwater Encountered 1. <u>17-27</u> ft. 2. <u>17-27</u> ft. 3. <u>17-25</u> ft.			
		WELL'S STATIC WATER LEVEL <u>17-25</u> ft. below land surface measured on mo/day/yr <u>7/19/98</u>			
		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 <u>6-75</u> in. to <u>25</u> in. and _____ in. to _____ in.			
		WELL WATER TO BE USED AS: 5 Public water supply    8 Air conditioning    11 Injection well 1 Domestic                 3 Feedlot              6 Oil field water supply    9 Dewatering          12 Other (Specify below) 2 Irrigation                 4 Industrial            7 Lawn and garden only    10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>(No)</u>			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		5 Wrought iron	
Ø PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>2</u> in. to <u>10</u> in.		7 Fiberglass		8 Concrete tile	
Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft.				CASING JOINTS: Glued _____ Clamped _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		Ø PVC		Welded _____ Threaded <u>✓</u>	
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		5 Fiberglass		9 ABS	
		6 Concrete tile		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
Ø Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) _____	
4 Key punched				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		From <u>25</u> ft. to <u>10</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>25</u> ft. to <u>9</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
<b>6 GROUT MATERIAL:</b>					
Grout Intervals: From <u>9</u> ft. to <u>1</u> ft.		1 Neat cement		2 Cement grout	
		Ø Bentonite		4 Other _____	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>Northwest</u>		10 Livestock pens		14 Abandoned water well	
		Ø Fuel storage		15 Oil well/Gas well	
		12 Fertilizer storage		16 Other (specify below) _____	
		13 Insecticide storage			
		How many feet? <u>15</u>			
<b>LITHOLOGIC LOG</b>					
FROM	TO	LITHOLOGIC LOG		FROM	TO
<u>6"</u>	<u>1.5'</u>	<u>Medium Sand</u>			
<u>1.5'</u>	<u>14'</u>	<u>Silty Clay</u>			
<u>14'</u>	<u>15'</u>	<u>Fine Sand</u>			
<u>15'</u>	<u>25'</u>	<u>Medium - Coarse Sand</u>			
<b>PLUGGING INTERVALS</b>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>7-17-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> . This Water Well Record was completed on (mo/day/yr) <u>7-20-98</u> under the business name of <u>Shirley E.W. Zosky LLC</u> by (signature) <u>Mushum</u>					

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.