

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Sedgwick</b>	<b>NW</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>21</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?

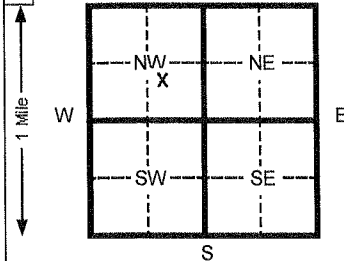
**Approx. 210' N, 150' W of Douglas Ave. & Mead St. - Wichita**2 WATER WELL OWNER: **The Coleman Company**RR#, St. Address, Box # : **3600 N. Hydraulic**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Wichita, KS 67219**

Application Number:

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



4 DEPTH OF COMPLETED WELL

**40** ft. ELEVATION: **1299.36 (TOC)**Depth(s) Groundwater Encountered 1 **18** 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 **40** 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**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)

7 Fiberglass

Welded

**Flush**Blank casing diameter **2** in. to **30** 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

8 RMP (SR)

**7 PVC**

10 Asbestos-cement

2 Brass

4 Galvanized steel

6 Concrete tile

9 ABS

11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:

5 Gauzed wrapped

8 Saw cut

11 None (open hole)

1 Continuous slot

**3 Mill slot**

6 Wire wrapped

9 Drilled holes

2 Louvered shutter

4 Key punched

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **30** ft. to **40** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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

GRAVEL PACK INTERVALS: From **28** ft. to **40** 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 \_\_\_\_\_

Grout intervals From **1** ft. to **28** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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)

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>5</b>		<b>Asphalt/Concrete surface; Lithology not logged</b>			
<b>5</b>	<b>9.5</b>		<b>Clay, brown</b>			
<b>9.5</b>	<b>11.5</b>		<b>Silt, brown</b>			
<b>11.5</b>	<b>18</b>		<b>Sand, brown, poorly graded, fine grained</b>			
<b>18</b>	<b>38</b>		<b>Sand, brown, well graded, fine to medium, several sample intervals with no recovery</b>			
<b>38</b>	<b>39</b>		<b>Clay, sandy, gray</b>			<b>Survey date: 06/11/14</b>
<b>39</b>	<b>39.5</b>		<b>Sand, brown, well graded, fine to medium</b>			<b>Northing: 1686576.75</b>
<b>39.5</b>	<b>40</b>		<b>Shale, black</b>			<b>Easting: 1651059.15</b>

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) **05/22/14** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **531**This Water Well Record was completed on (mo/day/yr) **07/21/14**

under the business name of

**GSI Engineering, LLC**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 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.