

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction: <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number: <u>9</u>	Township Number: <u>T 27 S</u>	Range Number: <u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>NE corner of 17th & Topeka Wichita</u>					
2 WATER WELL OWNER: <u>WNID- Purina Mills</u> RR#, St. Address, Box #: <u>414 E. 18th St.</u> City, State, ZIP Code: <u>Wichita KS 67214</u>			<u>WNID-17 Deep</u> 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: <u>45</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>17.5</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>17.5</u> ft. below land surface measured on mo/day/yr <u>4-1-91</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>11.25</u> in. to <u>40</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <div style="display: flex; justify-content: space-between;"> 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 <u>10 Monitoring well</u> </div> 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>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel <u>2 PVC</u> Blank casing diameter <u>2</u> in. to <u>3.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>0</u> in., weight <u>0.7</u> lbs./ft. Wall thickness or gauge No. <u>SCG 40</u>		3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>X</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)		1 Continuous slot <u>3 Mill slot</u> <u>0.01</u> 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Saw cut 8 Drilled holes 9 Other (specify) _____ 10 Other (specify) _____ 11 None (open hole)			
SCREEN-PERFORATED INTERVALS:					
From <u>45</u> ft. to <u>35</u> ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:					
From <u>45</u> ft. to <u>32</u> ft.		From _____ ft. to _____ ft.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement Grout Intervals: From <u>15</u> ft. to <u>Surface</u> ft.		2 Cement grout <u>3 Bentonite</u> 4 Other Grout Intervals: From <u>32</u> ft. to <u>15</u> ft.			
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit		7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <u>Grain Elevator</u>			
Direction from well? <u>NE</u> How many feet? <u>20</u>					
FROM		LITHOLOGIC LOG		TO	
<u>0</u>	<u>2</u>	<u>5' top CLAY</u>			
<u>2</u>	<u>7</u>	<u>Silty SAND fine</u>			
<u>7</u>	<u>17</u>	<u>SAND, med to fine</u>			
<u>17</u>	<u>45</u>	<u>SAND, coarse to fine w/ some of fine gravel</u>			
<u>45</u>	<u>46</u>	<u>5' top CLAY, Olive green</u>			
				PLUGGING INTERVALS	
				<u>Casing height variance granted.</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-1-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>517</u> . This Water Well Record was completed on (mo/day/yr) <u>4/22/91</u> under the business name of <u>Boundedwater Technology</u> by (signature) <u>Albert Stout</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					