

1 LOCATION OF WATER WELL: County: <u>Sedgewick</u>		Fraction <u>NW 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 E</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>13th &amp; TOPEKA WICHITA KS</u>									
2 WATER WELL OWNER: <u>RALSTON PURINA CO</u>			MW-5						
RR#, St. Address, Box #: <u>414 E. 18th</u>			Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: <u>Wichita KS</u>			Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>24</u> ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>18</u> 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 <u>8</u> in. to <u>24</u> in. to .... in. to .... ft.		WELL WATER TO BE USED AS:							
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 Observation well					
Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was sub- mitted									
Water Well Disinfected? Yes No									
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped				
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded				
			7 Fiberglass		Threaded				
Blank casing diameter <u>2</u> in. to <u>TD</u> ft., Dia .... in. to .... ft., Dia .... in. to .... ft.									
Casing height above land surface <u>0</u> in., weight .... lbs./ft. Wall thickness or gauge No. ....									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement				
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	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	11 None (open hole)				
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes					
			7 Torch cut	10 Other (specify) ....					
SCREEN-PERFORATED INTERVALS: From <u>24</u> ft. to <u>14</u> ft., From .... ft. to .... ft.									
From .... ft. to .... ft., From .... ft. to .... ft.									
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>11</u> 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 <u>0</u> ft. to <u>0</u> 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)				
				13 Insecticide storage					
Direction from well? How many feet?									
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG									
0.0 5.0 brown clayey silty moist, med.									
5.0 18.5 brown fine sand, moist, med.									
18.5 25 brown fine to med. sand, wet, loose									
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/year) <u>6/30/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>7/6/88</u> under the business name of <u>Layne Western Co., Inc. Wichita, Ks.</u> by (signature) <u>Bruce Meier</u> B.Meier									
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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