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|--|------|---|-------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Sedgwick</u> | | <u>NE 1/4 NW 1/4 NW 1/4</u> | <u>10</u> | <u>T 27 S</u> | <u>R 1 E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>NW-13 - 20 ft. west of 2122 No. Minnesota St, Wichita, KS</u> | | | | | |
| 2 WATER WELL OWNER: | | Board of Agriculture, Division of Water Resources | | | |
| RR#, St. Address, Box # : | | Application Number: | | | |
| City, State, ZIP Code : | | <u>Overland Park, KS 66210</u> | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: <u>22.3</u> ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1. <u>6.8</u> ft. 2. ft. 3. ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>16.8</u> ft. below land surface measured on mo/day/yr <u>9/10/91</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>6</u> in. to <u>22.3</u> ft., and in. to ft. | | | |
| | | 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 If yes, mo/day/yr sample was submitted | | | |
| | | Water Well Disinfected? Yes No <u>Yes</u> | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued Clamped |
| <u>2 PVC</u> | | 4 ABS | 7 Fiberglass | | Welded Threaded <u>Threaded</u> |
| Blank casing diameter in. to <u>22.3</u> ft., Dia. in. to ft., Dia. in. to ft. | | | | | |
| Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No. <u>Sch 40</u> | | | | | |
| 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 | | <u>3 Mill slot</u> | 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>11.6</u> ft. to <u>22.3</u> ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS: From <u>9.5</u> ft. to <u>22.3</u> 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>7.5</u> ft., From <u>7.5</u> ft. to <u>9.5</u> 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 | <u>11 Fuel storage</u> | 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? <u>North</u> | | How many feet? <u>40</u> | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 10 | Hard, brown clay | | | |
| 10 | 14.5 | Hard, light brown clay | | | |
| 14.5 | 22.5 | Brown, fine-grained sand | | | |
| 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>9/10/91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) <u>10/1/91</u> under the business name of <u>Applied Environmental</u> by (signature) <u>G. E. ...</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. | | | | | |