

1 LOCATION OF WATER WELL: County: <b>Sedgwick</b>		Fraction <b>SE 1/4 NW 1/4 NW 1/4</b>		Section Number <b>21</b>		Township Number <b>T 27 S</b>		Range Number <b>R 1</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>			
Distance and direction from nearest town or city street address of well if located within city? <b>30' north of 2nd St. on the west side of an alley located between Sante Fe and St. Francis</b>											
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<b>The Coleman Company</b> <b>250 N. St. Francis</b> <b>Wichita, KS 67214</b>									
		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: <b>39.5</b> ft. ELEVATION: <b>1299.49</b>									
		Depth(s) Groundwater Encountered 1. <b>16.0</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>16.0</b> ft. below land surface measured on mo/day/yr <b>3/19/89</b> 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 <b>6.5</b> in. to <b>39.5</b> 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 <b>X</b> _____; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes _____ No <b>X</b> _____									
		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 <b>X</b> _____									
		Blank casing diameter <b>2.0</b> in. to <b>8.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>36"</b> in., weight _____ lbs./ft. Wall thickness or gauge No. _____									
		TYPE OF SCREEN OR PERFORATION MATERIAL: <b>X</b> PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <b>X</b> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From <b>8.0</b> ft. to <b>38.0</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>6.0</b> ft. to <b>38.0</b> 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 <b>Volclay Grout</b>											
Grout Intervals: From <b>1.0</b> ft. to <b>6.0</b> 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 _____ <b>Industry</b> _____ Direction from well? <b>South</b> How many feet? <b>60</b>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		4"		Asphalt							
4"		8.5"		Silty Clay dark gray							
8.5'		13.5'		Poorly sorted fine sand light tan							
13.5'		20.0'		Well sorted fine sand light tan							
20.0'		21.0'		Silty clay grayish brown							
21.0'		26.0'		Poorly sorted coarse to fine sand							
26.0'		28.5'		Well sorted gravelly coarse sand							
28.5'		33.0'		Well sorted coarse sand							
33.0'		35.5'		Well sorted fine sand							
35.5'		37.5'		Shale							
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) <b>3/19/89</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>471</b> This Water Well Record was completed on (mo/day/yr) <b>4/3/89</b> under the business name of <b>HWS Technologies Inc.</b> by (signature) <i>[Signature]</i>											
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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.											

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