

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: SEDGWICK		NW 1/4 SW 1/4 NW 1/4	21	T 27 S	R 1 EW				
Distance and direction from nearest town or city street address of well if located within city? 200' N & 60' E of NE CORNER of BROADWAY & FIRST									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box # :		Application Number:							
City, State, ZIP Code :									
230 S. MARKET									
WICHITA KS									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 23' ft. ELEVATION: _____							
<div style="text-align: center;">N 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 _____ 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 in. to 23 ft., and _____ 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 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes _____ No X									
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____							
1 Steel 3 RMP (SR)		Welded _____							
2 PVC 4 ABS		Threaded X							
5 Wrought iron 8 Concrete tile									
6 Asbestos-Cement 9 Other (specify below)									
7 Fiberglass									
Blank casing diameter _____ in. to 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 3rd 40									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 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:		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 13 ft. to 23 ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 10.5 ft. to 23 ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Volclay									
Grout Intervals: From #3 8.5 ft. to 10.5 ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well? _____		How many feet? 80'							
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 6 SILTY SAND									
6 10 SANDY SILTS									
10 14 SAND Fine med									
14 23 SAND FINE - COARSE									
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) 11-19-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 524 This Water Well Record was completed on (mo/day/yr) 12-5-90 under the business name of ALLIED LABS by (signature) <i>Richard J. Elgin</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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