

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: Sedgwick		NW 1/4 NE 1/4 NW 1/4		30		T 27 S		R 1 EW			
Distance and direction from nearest town or city street address of well if located within city? Approximately 40' Southeast of address 2001 W. Maple, Wichita, Kansas HWST Job No. 74-40/4006.02											
2 WATER WELL OWNER: Friends Management											
RR#, St. Address, Box # : 2005 University					Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : Wichita, Kansas 67213					Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 20.0 ft. ELEVATION: n/a									
		Depth(s) Groundwater Encountered 1. 11.5 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 12.41 ft. below land surface measured on mo/day/yr 3/5/90 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 6 in. to 20.0 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 <input checked="" type="checkbox"/> Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>									
		5 TYPE OF BLANK CASING USED:									
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> _____ Blank casing diameter _____ in. to 10.0 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface flush in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40									
		TYPE OF SCREEN OR PERFORATION MATERIAL:									
		1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 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 10.0 ft. to 20.0 ft. From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 20.0 ft. to 11.5(natural) ft. From 11.5 ft. to 7.0 ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____											
Grout Intervals: From 7.0 ft. to grade 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 <input checked="" type="checkbox"/> Other (specify below) 13 Insecticide storage Abandoned Fuel Storage (UST) Direction from well? Northwest How many feet? Approx. 20.0											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0.0		3.0		SILTY CLAY: dark brown; less than 10% sand.							
3.0		4.0		SILTY CLAY: light brown; less than 15% sand.							
4.0		5.0		SILTY SAND: light brown; 20-30% silt; fine well sorted sand.							
5.0		12.0		SAND: yellow-brown; less than 5% fines; well sorted very fine sand.							
12.0		17.5		SAND: gray-brown; less than 20% fines; med. to coarse sand.							
17.5		20.0		GRAVELLY SAND: yellow-brown; less than 20% fines; medium to coarse sand with gravel.							
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) 3/2/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 471 This Water Well Record was completed on (mo/day/yr) 3/7/90 under the business name of HWS Technologies Inc. by (signature) <i>Richard L. Spore</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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