

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NW NW SE SW NE NE E S W <u>SW 1/4</u>	16	T 27 S R 1 E/W	E/W
Distance and direction from nearest town or city street address of well if located within city? <u>NW corner of Pine & Santa Fe, Wichita, KS (Parking lot) 23' North of Pine, 8' West of Santa Fe.</u>					
WATER WELL OWNER: Associated Property Services					
RR#, St. Address, Box #: 818 N. Emporia					
City, State, ZIP Code : Suite 100, Wichita, KS 67214					
Board of Agriculture, Division of Water Resources: Application Number:					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL ft. ELEVATION:			
<div style="text-align:center;">N NW -- NE SE -- SW S E</div>					
<div style="position:relative; height:150px; width:100%;">Mile W E</div>		Depth(s) Groundwater Encountered ft. ft. ft. ft.			
		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 Bottom .ft., and in. to ft.			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued Clamped			
Blank casing diameter 2" .in. to Dia in. to ft. Dia in. to ft.		Casing height above land surface 0 .in., weight lbs./ft. Wall thickness or gauge No. SCH 40			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
GROUT MATERIAL:					
Grout Intervals: From ft. to ft. From ft. To ft.					
What is the nearest source of possible contamination:					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Ht. br. well sorted, fine sand.			
2	4	Dk. b.f. moist, plastic silty clay			
4	7	Med. br. friable, silty sand with clay			
7	9	Med. br. yel. fine sand, well sorted			
9	14	Lt. br. med-course moist sand			
14	19	Med. br. well sorted, med. gr. silt. sand			
19	24	Med. br. coarse sand w/ clay zones			
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) 9-27-90 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) 10-11-90 Under the business name of ALLIED LAB by signature Richard J. Clegg					
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.					