

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Sedgwick</u>		NW 1/4 NW 1/4 SW 1/4		22		T 27 S		R 1 <u>EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>106 South Hydraulic, Wichita, Kansas</u>									
2 WATER WELL OWNER:		<u>Town & Country Markets</u>				<u>01948028 MW-1</u>			
RR#, St. Address, Box # :		<u>P.O. Box 17087</u>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		<u>Wichita, Kansas 67217</u>				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>21</u> ft. ELEVATION: <u>Approx. 1295.0</u>							
		Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>15.27</u> ft. below land surface measured on mo/day/yr <u>11/17/94</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>8.25</u> in. to <u>21</u> in. and _____ in. to _____ in.							
		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 <u>10</u> Monitoring well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes _____ No <u>X</u>							
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
<u>2</u> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded <u>X</u>	
Blank casing diameter <u>2</u> in. to <u>11</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>-3</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> 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		<u>3</u> 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 <u>11</u> ft. to <u>21</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>9</u> ft. to <u>21</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>7</u> ft. From <u>7</u> ft. to <u>9</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		11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		<u>16</u> Other (specify below)	
						13 Insecticide storage		UST _____	
Direction from well? _____ How many feet? _____									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0.0		0.6		Asphalt					
0.6		3.0		Brown, Lean to Fat Clay					
3.0		8.0		Brown, Sandy Lean Clay					
8.0		18.0		Brown, Silty Fine Sand					
18.0		21.0		Gray, Fine to Coarse Sand					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/02/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>11-29-94</u> under the business name of <u>Terracon Consultants, Inc.</u> by (signature) <u>Steve Fischer</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.									