

MW-9 2111066

## WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>SE 1/4 SW 1/4 NW 1/4</u>	Section Number <u>32</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>20' W &amp; 7' N. of NE cor. of MTA Bldg, 1825 S. McLean</u>					
2 WATER WELL OWNER: <u>City of Wichita</u> RR#, St. Address, Box #: <u>455 N. main</u> City, State, ZIP Code: <u>Wichita, KS 67202</u>		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 <u>25</u> ft. ELEVATION: <u>19</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>19</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>20.22</u> ft. below land surface measured on mo/day/yr <u>8/26/94</u>			
		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 <u>8</u> in. to _____ 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 <u>X</u> If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Casing Joints: Glued _____ Clamped _____			
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		8 Concrete tile 9 Other (specify below) Welded _____ Threaded <u>Flush</u>			
Blank casing diameter <u>2</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>Flush</u> in. weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel      3 Stainless steel      5 Fiberglass      7 PVC 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR) 10 Asbestos-cement      11 Other (specify) _____ 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot      2 Louvered shutter      3 Mill slot      4 Key punched 5 Gauzed wrapped      6 Wire wrapped      7 Torch cut      8 Saw cut      11 None (open hole) 9 Drilled holes      10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From <u>15</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>13</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____ Grout Intervals: From <u>13</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		1 Septic tank      2 Sewer lines      3 Watertight sewer lines      4 Lateral lines      5 Cess pool      6 Seepage pit 7 Pit privy      8 Sewage lagoon      9 Feedyard      10 Livestock pens      11 Fuel storage      12 Fertilizer storage      13 Insecticide storage 14 Abandoned water well      15 Oil well/Gas well      16 Other (specify below) _____			
Direction from well? <u>SW</u>		How many feet? <u>200</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Concrete			
.5	2.0	Fill sand, v. clayey			
2.0	4.0	Sand, v. clayey			
4.0	6.5	Sand, clayey			
6.5	25	Sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/26/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>10/31/94</u> under the business name of <u>GSI</u> by (signature) <u>Guy Armstrong</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.

Don Taylor A. Irwin contacted Don Taylor on 11-30-94 about forms being turned in late.