

LOCATION OF WATER WELL: County: Sedgwick		Fraction SE ¼ NW ¼ NE SE ¼	Section Number 6	Township Number T 27 S	Range Number R 1E E/W		
Distance and direction from nearest town or city street address of well if located within city? <div style="text-align: center;">2464 N. Coolidge, Wichita, Kansas</div>							
WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :			Marilyn Gardner 2022 N. Payne Wichita, Kansas 67203 <div style="text-align: right;">Board of Agriculture, Division of Water Resources Application Number:</div>				
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"><div style="display: flex; align-items: center; justify-content: space-around;"><div style="text-align: center;">N ┌───┐ │ │ │ NW ─ NE │ │ │ └───┘</div><div style="text-align: center;">W ├───┤ │ │ │ SW ─ X SE │ │ │ └───┘</div><div style="text-align: center;">E ┌───┐ │ │ │ │ │ │ │ │ └───┘</div></div><div style="margin-top: 5px;">S</div></div>		DEPTH OF COMPLETED WELL: 10' ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL 10' ft. below land surface measured on mo/day/yr 2-19-95 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 _____ 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 NA ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____					
TYPE OF BLANK CASING USED: (1 Steel) 3 RMP (SR) 2 PVC 4 ABS		Blank casing diameter . 6" in. to 10' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 1' Below Floor in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 3 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GROUT MATERIAL: 1 Neat cement (2 Cement grout) (3-Bentonite) 4 Other		Grout Intervals: From 10' ft. to 3' ft., From 3' ft. to 0' 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 (16 Other (specify below)) Direction from well? _____ How many feet? _____ Termite Treatment _____					
FROM		TO		LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					10'	3'	Bentonite "Hole-Plug" Grout
					3'	0'	Cement Grout
(NOTE: Water well was located in the NW corner of the BASEMENT. All depths and elevations are measured from the basement floor. Well was PLUGGED to comply with local ordinances, for property transfer. NO KNOWN POLLUTION OR CONTAMINATION WAS EVIDENT. House had been termite treated in 1993.)							
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) 2-19-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 2-20-95 by (signature) _____ under the business name of (owner)							
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.							