

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		<u>SE 1/4 SW 1/4 NW 1/4</u>	<u>15</u>	<u>T 27 S</u>	<u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1900 E. 9th St., WICHITA, KS 67214</u>					
<b>2 WATER WELL OWNER:</b> <u>CITY OF WICHITA</u>					
RR#, St. Address, Box # : <u>1900 E. 9th St.</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>WICHITA, KS 67214</u>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>20</u> ft. <b>ELEVATION:</b>			
		Depth(s) Groundwater Encountered 1. <u>14.5</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>14.93</u> ft. below land surface measured on mo/day/yr <u>4/18/95</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 <u>Monitoring well</u>			
		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>			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
<u>2 PVC</u>		4 ABS		Welded _____	
		7 Fiberglass		<u>Threaded</u> <u>FLUSH</u>	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>FLUSH</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>154</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
		5 Fiberglass		12 None used (open hole)	
		6 Concrete tile		8 RMP (SR)	
		9 ABS		11 Other (specify) _____	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot		5 Gauzed wrapped		8 Saw cut	
<u>3 Mill slot</u>		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) _____	
4 Key punched				11 None (open hole)	
<b>SCREEN-PERFORATED INTERVALS:</b>					
From <u>1.0</u> ft. to <u>2.0</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>8</u> ft. to <u>20</u> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
<b>6 GROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout		<u>3 Bentonite</u>	
Grout Intervals: From <u>8</u> ft. to <u>1</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		<u>11 Fuel storage</u>	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? <u>NORTH</u>		How many feet? <u>340</u>			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
<u>0-5</u> <u>9.0</u> <u>FILL, CLAY, SILT, SAND</u>					
<u>9.0</u> <u>13.0</u> <u>SAND, CLAYEY</u>					
<u>13.0</u> <u>20.0</u> <u>SAND, GRAVEL</u>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-28-95</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>4/25/95</u> under the business name of <u>GSI</u> by (signature) <u>Steve Nudler</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.