| | • | | TER WELL REC | ORD Form W | WC-5 K | (SA 82 <u>a-</u> | 1212 ID No | <u>. MW-9</u> | | |
|---|--|-----------------|-----------------|-------------------|--------------------|---------------------------|------------------------|---|---------------------------------------|--|
| 1 LOCAT | TON OF WA | TER WELL: | Fraction | | | Sec | tion Number | Township Numbe | r Range Number | |
| County: S | <u>Sedgwick</u> | (| SE 1/4 | SE 1/4 | SE 1/4 | | 11 | T 27 | s R 2 Têxw | |
| Distance and direction from nearest town or city street address of well if located within city? Approximately 100 feet north of 4615 E. 13th Street, Wichita, KS | | | | | | | | | | |
| 2 WATER WELL OWNER: Kansas Dept of Health and Environment - BER | | | | | | | | | | |
| RR#, St. Address, Box # : 1000 SW Jackson, Suite 410 City, State, ZIP Code : Topeka, KS 66612 Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL | | | | | | | | | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 | | | | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | | | | |
| | NE Est. Yield gpm: Well water was ft. after hours pumping | | | | | | | | | |
| | NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | 11 Injection well | |
| W 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring wellMW-9 | | | | | | | | | | |
| | | | | | | | | | | |
| - | SW SE Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | |
| | mitted Water Well Disinfected? Yes No | | | | | | | | es No | |
| | | | | | | | | | | |
| 5 TYPE | OF BLANK C | ASING USED: | | 5 Wrought iron | | 8 Concre | ete tile | CASING JOINTS: | Glued Clamped | |
| Stee | el | 3 RMP (S | R) | 6 Asbestos-Cen | nent : | 9 Other (| specify below) | | Welded | |
| 2)PVC | ; | 4 ABS | • | 7 Fiberglass | | | | | Threaded | |
| Blank casing diameter | | | | | | | | | | |
| Casing hei | ght above la | nd surface | Flush Mo | unt in., weight | | | ۱ | bs./ft. Wall thickness or | guage No. Sch 40 | |
| TYPE OF | SCREEN OF | R PERFORATIO | | | | ′(7 ,/ ⁰VC | | 10 Asbestos | | |
| 1 Steel 3 Stainles | | | | | | 8 RMP (SR) 9 ABS | | , , | pecify) | |
| 2 Bras | 88 | 4 Galvaniz | zea Steel | 6 Concrete tile | | 9 AD | 5 | 12 None use | ed (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) | | | | | | | | | | |
| 1 | tinuous slot | | fill slot | | Wire wrap | | | 9 Drilled holes | 4 | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)ft. | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| From | | | | | | | | | | |
| , | GRAVEL PAG | CK INTERVALS | | | | | | | | |
| From | | | | | | | | | | |
| 6 GROL | JT MATERIA | L: 1 Nea | t cement | 2 Cement gro | ut | (3)Bent | onite 4 | Other | | |
| | | | | | | . , | | | ft. toft. | |
| ŧ | | | contamination: | | | | 10 Livesto | | 14 Abandoned water well | |
| | tic tank | • | ral lines | 7 Pi | t privy | | 11) Fuel st | • | 15 Oil well/Gas well | |
| | ver lines | 5 Cess | | 8 Sewage lagoon | | on | | er storage | 16 Other (specify below) | |
| | | | • | 9 Feedyard | | | 13 Insecticide storage | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage | | | | | | | | | | |
| FROM | TO | | LITHOLOGIC | LOG | l F | ROM | TO | | NG INTERVALS | |
| 0 | 1 | Silty CLAY | 2771020470 | | | | | 7 20 44 11 | 10 11112111120 | |
| 1 | 6 | Sandy CLA | · | | | | | | | |
| 6 | 13.5 | CLAY | 1 | | | | | | | |
| - 0 | 13.5 | CLAT | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | Flush mount | waiver for site | approved | | | | | | |
| | | | | | | | | | | |
| 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/y | ear) | | | | | and this fec | ord is true to trie best or | my knowledge and belief. Kansas | |
| Water Well | Contractor's | Licence No .7.9 | 0.8 | This | Water Well | Record | was completed | on (mo/day/yr)1/29/ | 2010 | |
| under the b | usiness nam | e of Aquaterr | a Environmenta | al Solutions, Inc | | | by (s | ignature) (() () () | 1-Mass | |
| | | | | | ly. Please fill in | blanks, und | erline or circle the c | orrect answers. Send top three | copies to Kansas Department of Health | |
| iNSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Sulte 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. | | | | | | | | | | |