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LOCATION OF WATER WELL:

County: Sedgwick

Fraction: 1/4 NE 1/4 NE 1/4 NW 1/4

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

15008 E Lakeview Dr
Wichita, KS 67230

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WATER WELL OWNER:

RR#, Street Address, Box #:

City, State, ZIP Code:

Richard Brown

15008 E Lakeview Dr
Wichita, KS 67230

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LOCATE WELL WITH AN "X" IN SECTION BOX:

N

W

E

S

1 mile

4

DEPTH OF COMPLETED WELL

90

ft.

Depth(s) Groundwater Encountered (1).....ft. (2).....ft. (3).....ft.

WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....

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: Public water supply Geothermal Injection well

Domestic Feedlot Oil field water supply Dewatering Other (Specify below)

Irrigation Industrial Domestic-lawn & garden Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

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TYPE OF CASING USED:

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter.....in. to.....ft., Diameter.....in. to.....ft., Diameter.....in. to.....ft.

Casing height above land surface.....in., Weight.....lbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)

Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.

GRAVEL PACK INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.

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GROUT MATERIAL:

Grout Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From.....ft. to.....ft.

What is the nearest source of possible contamination:

Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)

Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well

Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well..... Distance from well.....

FROM

TO

LITHOLOGIC LOG

FROM

TO

LITHO. LOG (cont.) or PLUGGING INTERVALS

0

3

Top Soil

3

30

clay

30

40

Broken limestone

40

90

Blue shale

7

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)..... 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/year).....

under the business name of..... by (signature).....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.