

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>18</u>	T <u>27</u> S	R <u>2</u> EW
Distance and direction from nearest town or city street address of well if located within city?					
<u>6321 East Central</u>					
2 WATER WELL OWNER: <u>Beard O. IZO</u>					
RR#, St. Address, Box #: <u>6402 E. Central Ave</u>					
City, State, ZIP Code: <u>Wichita, KS 67206</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>18'</u> ft. ELEVATION: <u>Not Surveyed yet</u>			
		Depth(s) Groundwater Encountered 1. <u>NA</u> ft. 2. <u>NA</u> ft. 3. <u>NA</u> ft.			
		WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr <u>NA</u>			
		Pump test data: Well water was <u>NA</u> ft. after <u>NA</u> hours pumping <u>NA</u> gpm			
		Est. Yield <u>NA</u> gpm Well water was <u>NA</u> ft. after <u>NA</u> hours pumping <u>NA</u> gpm			
		Bore Hole Diameter: <u>8</u> in. to <u>18</u> ft., and <u>NA</u> in. to <u>NA</u> 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 ☒ Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>NA</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>NA</u> No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>NA</u> Clamped <u>NA</u> ☒ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>NA</u> 7 Fiberglass Threaded <u>NA</u>					
Blank casing diameter <u>2 1/2</u> in. to <u>3</u> ft., Dia. <u>NA</u> in. to <u>NA</u> ft., Dia. <u>NA</u> in. to <u>NA</u> ft.					
Casing height above land surface <u>Flush</u> in., weight <u>NA</u> lbs./ft. Wall thickness or gauge No. <u>NA</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) <u>NA</u> 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 7 Torch cut 10 Other (specify) <u>NA</u>					
SCREEN-PERFORATED INTERVALS: From <u>18'</u> ft. to <u>18' + 3</u> ft., From <u>NA</u> ft. to <u>NA</u> ft.					
GRAVEL PACK INTERVALS: From <u>18'</u> ft. to <u>18' + 2</u> ft., From <u>NA</u> ft. to <u>NA</u> ft.					
6 GROUT MATERIAL:					
Grout Intervals: From <u>4'</u> ft. to <u>1'</u> ft., From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft. 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other <u>NA</u>					
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) <u>NA</u> 13 Insecticide storage					
Direction from well? <u>Northeast</u> How many feet? <u>350</u>					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG		FROM	TO
0	5'	Dark Brown silty clay, black mottling, very firm			
5	7.5'	Brown-Gray silty clay, odor, Fe stains			
7.5	8'	Brown coarse sand layer, odor			
8	13'	Gray silty clay, odor, soft, wet			
13	15'	Gray sandy clay, soft, wet			
15	17'	Brown sandy clay, Fe stains			
17	18'	Brown-Gray coarse sand, wet			
7 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) <u>4-29-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>6-9-90</u> under the business name of <u>Shirley E. W. Testing</u> by (signature) <u>Shirley E. W. Testing</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.					

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