

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SW ¼ SW ¼ SW ¼	18	T 27 S	R 2 EW
Distance and direction from nearest town or city street address of well if located within city? 6402 East Central					
2) WATER WELL OWNER: Beardo Co.					
RR#, St. Address, Box #: 6402 E. Central Ave City, State, ZIP Code: Wichita, KS 67206 MWZS					
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: 15 ft. ELEVATION: Not Surveyed yet			
		Depth(s) Groundwater Encountered: NA ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: NA 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: 8 in. to 15 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No			
5) TYPE OF BLANK CASING USED: Blank casing diameter: 2 PVC in. Dia. 3 ft. Dia. _____ Casing height above land surface: Flush in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: SCREEN OR PERFORATION OPENINGS ARE: SCREEN-PERFORATED INTERVALS: GRAVEL PACK INTERVALS:					
6) GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: Direction from well? Southeast How many feet? 150					
LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)					
This Water Well Record was completed on (mo/day/yr) by (signature)					
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.					