

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SW ¼ NW ¼ NW ¼	14	T 28 S	R 01 E
Distance and direction from nearest town or city street address of well if located within city? Approx. 500' South of Intersection of MacArthur and Englewood					
2 WATER WELL OWNER: Boeing					
RR#, St. Address, Box # : 2727 E. MacArthur			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Wichita, KS 67216			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 28 ft. ELEVATION: 1291.163 (TOC)			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL DRY ft. below land surface measured on mo/day/yr 6/14/2006			
		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 8.25 in. to 28 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 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 X					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass Threaded Flush					
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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) _____					
SCREEN-PERFORATED INTERVALS: From 15 ft. to 28 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 13 ft. to 28 ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 0 ft. to 11 ft. From 11 ft. to 13 ft. From _____ ft. to _____ ft.					
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)					
13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	20		Not logged		
			Silty Clay, It reddish brown, ~21.5'a 2"		
20	23.25		Clayey Sand, fine to very coarse, fine gravel, wet		
			Clayey Sand, It reddish brown, ~1/2"		
23.5	25		sand, fine to medium, at base, iron staining		
25	25.5		Sandy Clay, It reddish brown, fine to very coarse, fine gravel. Iron staining		
25.5	26.5		Silty Clay, It reddish brown, sandy at ~26', hard, slightly cemented		
26.5	27		Clay, olive, yellowish brown		
27	28		Shale, dark gray, weathered		
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/yr) 6/9/06 and this record is true to the best of my knowledge and belief/ Kansas					
Water Well Contractor's License No. 531			This Water Well Record was completed on (mo/day/yr) 6/12/06		
under the business name of Geotechnical Services Inc.			by (signature) <i>Alvin Smith</i>		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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