GSI JOB #2111024 **MW-2R**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **0041193**

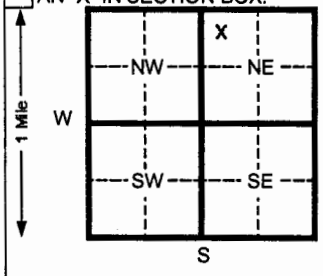
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	**NW** ¼ **NW** ¼ **NE** ¼	**6**	T **28** S	R **1** E

Distance and direction from nearest town or city street address of well if located within city?
2464 S. Glenn, Wichita, Kansas

2 WATER WELL OWNER: **USD #259**
RR#, St. Address, Box # : **3850 N. Hydraulic**
City, State, ZIP Code : **Wichita, KS 67219**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: **1288.82 (TOC)**

Depth(s) Groundwater Encountered 1 **14** 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 **8** in. to **25** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded **Flush**

Blank casing diameter **2** in. to **10** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement
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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____

SCREEN-PERFORATED INTERVALS: From **10** ft. to **25** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From **8** ft. to **25** 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 **8** ft. to **1** ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
1	14		Clay			
14	20		Sand, fine grained			
20	25		Sand, fine to coarse grained			
			REPLACEMENT WELL			

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) **02/19/07** 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) **06/18/07**
under the business name of **Geotechnical Services Inc.** by (signature) Sarah G Watts

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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