

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	10	T 28 S	R 1 E	

Distance and direction from nearest town or city street address of well if located within city?
Chapin Landfill, 190' S of NE Corner of Lamp Lighter Mobile Home Park - Wichita

2 WATER WELL OWNER: City of Wichita Department of Public Works	
RR#, St. Address, Box #: 455 N. Main	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Wichita, KS 67202	Application Number:

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

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4 DEPTH OF COMPLETED WELL 9.5 ft. **ELEVATION:**

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 8 in. to 9.5 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 **Soil Vapor Extraction**

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 _____
<u>2 PVC</u>	4 ABS	7 Fiberglass		Threaded Flush

Blank casing diameter 4 in. to 4.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 30 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 4.5 ft. to 9.5 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 3 ft. to 9.5 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
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Grout Intervals From 0 ft. to 3 ft. From _____ ft. to _____ 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	PLUGGING INTERVALS
0	0.3		Topsoil, sandy			
0.3	2		Clay, brown, sandy			
2	9.5		Sand, very fine to medium grained			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>07/15/08</u>	
Water Well Contractor's License No. <u>531</u>	This Water Well Record was completed on (mo/day/yr) <u>08/19/08</u>
under the business name of Geotechnical Services Inc.	by (signature) <i>[Signature]</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.