	WA	TER WELL RECORD FO	orm WWC-5	KSA 82a-1	212	
1 LOCATION OF W				Number	Township Number	Range Number
County: Sedgwick			74	3	T ²⁸ S	R 1 (E)W
	on from nearest town or city stree		within city?			
430' SW of th	ne corner of Madison and N	orthern, Wichita, KS		528	395104	SWMW-5
2 WATER WELL C	OWNER: Boeing Military Ai	rplanes				
RR#, St. Address, E	3ox # : P. O. Box 7730 M	/S K06-00			Board of Agriculture,	Division of Water Resource
City, State, ZIP Cod	e : Wichita, KS 67277	- 7730			Application Number:	
LOCATE WELL'S	LOCATION WITH 4 DEPTH OF	COMPLETED WELL	28	ft. ELEVATI	ON: Approx. Surface	Elev: 1280
TYPE OF BLANK 1 Steel 2 PVC Blank casing diametr Casing height above TYPE OF SCREEN 1 Steel 2 Brass SCREEN OR PERFO	Depth(s) Grouw WELL'S STAT Putest. Yield Bore Hole Dia WELL WATEF 1 Domest 2 Irrigatio Was a chemic mitted CASING USED: 3 RMP (SR) 4 ABS er in. to 10. a land surface 24	Indwater Encountered 1 IC WATER LEVEL	7 ft. below was	w land surfaction ft. 2. w land surfaction ft. after ft., an apply 8 supply 9 len only 10 rtment? Yes Water tile ecify below)	tt. ce measured on mo/day/yi r hours pr r hours pr d if Air conditioning 11 Dewatering 12 Monitoring well No. X If yes r Well Disinfected? Yes CASING JOINTS: Glue Welc Three ft., Dia Wall thickness or gauge N 10 Asbestos-cem 11 Other (specify 12 None used (o)	3
1 Continuous s	slot 3 Mill slot	6 Wire wra	apped		9 Drilled holes	
2 Louvered shi	•	7 Torch cu	• •			
SCREEN-PERFORA		10•5 ft. to	28			toft.
GROUT MATERIA Grout Intervals: Fr	PACK INTERVALS: From	©Cement grout ft., From7.	28.5 3 Bentonite	ft., From ft., From 4 Ot	ft. ft.	to .ft.
	•			_		
					orage 15 C	
2 Sewer lines	5 Cess pool	8 Sewage lagoor	ו	12 Fertilize	r storage 16 (Other (specify below)
3 Watertight se	ewer lines 6 Seepage pit	9 Feedyard		13 Insectic	•	
Direction from well?	NE NE			How many		
FROM TO	LITHOLOGI		FROM	то	PLUGGING	INTERVALS
0 5.0	Brown Silty Lean to Fa					
5.0 27.0	Brown Fine to Coarse S	and, Trace Gravel				
27.0 28.5	Dark Gray Weathered Sh	ale with Gypsum				
completed on (mo/da	G OR LANDOWNER'S CERTIFICA ay/year)	28/89	and	this record	is true to the best of my kr	der my jurisdiction and was
	or's License No					
	···-			by (signatur		Mil
under the business r INSTRUCTIONS: Use of Health and Environ	name of Ter e typewriter or ball point pen. <u>PLEASE PRES</u> nment, Bureau of Water Protection, Topeka,	racon Consultants, In <u>S FIRMLY</u> and <u>PRINT</u> clearly. Please Kansas 66620-7320. Telephone: 913	fill in blanks, unde	rline or circle the	e correct answers. Send on three	copies to Kaneas Department our records.