

1) LOCATION OF WATER WELL:		Fraction	Township Number	Range Number	
County: Sedgwick	NW ¼ SW ¼ SE ¼	Section Number 13	T 28 S	R 1 E	
Distance and direction from nearest town or city street address of well if located within city?					
2) WATER WELL OWNER: MCAFB					
RR#, St. Address, Box # :		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Wichita, KS 67221		Application Number:			
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: .50 ft.			
 N W E S		ELEVATION:			
		Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.			
		WELL'S STATIC WATER LEVEL5 ft. below land surface measured on mo/day/yr 7-23-92			
		Pump test data: Well water wasft. after hours pumping gpm			
		Est. Yield gpm: Well water wasft. after hours pumping gpm			
		Bore Hole Diameter.....in. to.....ft., and.....in. to.....ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No			
5) TYPE OF BLANK CASING USED:					
Blank casing diameter6 in. to.....ft., Dia.....in. to.....ft., Dia.....in. to.....ft.					
Casing height above land surface.....3 ft.....lb./ft. weight.....lbs./ft. Wall thickness or gauge No.....					
CASING JOINTS: Glued.....Clamped.....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
6) GROUT MATERIAL:					
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? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0	3	Compacted Top Soil
			3	10	Cement
			10	22	Bentonite
			22	50	Chlorinated Sand & Gravel
					Pumped water down to 20 ft.
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/year) 7-23-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 313 This Water Well Record was completed on (mo/day/yr) 8-18-92 under the business name of JET DRILLING by (signature) [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.