

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>14</u>	<u>T 28 S</u>	<u>R 1 E</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>40' N. of 4605 S. Oliver, Wichita,</u>					
State Plane Coordinates <u>1,666,669.260 E 1,658,256.719 N</u> MW-114 <u>K5</u>					
2 WATER WELL OWNER: <u>Boeing Commercial Airplane Group</u>			Project No. <u>52925020</u>		
RR#, St. Address, Box # : <u>P.O. Box 7730 M/S K11-65</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Wichita, Kansas 67277-7730</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>53.5</u> ft. ELEVATION: <u>1331.3</u>			
1 mile		Depth(s) Groundwater Encountered 1. <u>19.5</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>17.8</u> ft. below land surface measured on mo/day/yr <u>3/9/92</u>			
		Pump test data: Well water was <u>NA</u> ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter <u>8.2</u> in. to <u>53.5</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u> _____					
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 _____			
Blank casing diameter <u>2</u> in. to <u>11.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass _____ Threaded <u>X</u> _____			
Casing height above land surface <u>31.68</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement		2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____			
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 <u>11.5</u> ft. to <u>53.5</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>54.0</u> 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 <u>0</u> ft. to <u>6</u> ft., From <u>6</u> ft. to <u>8</u> 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Red Brown Lean Clay			
5	8.5	Red Brown Fat Clay			
8.5	18.5	Red Brown Lean to Fat Clay w/Sand			
18.5	24.0	Brown to Light Gray Brown Sandy Lean Clay			
24.0	29.0	Brown to Gray Brown Fat Clay			
29.0	33.0	Gray Brown Lean to Fat Clay w/Sand			
33.0	40.5	Brown to Gray Brown Sandy Lean Clay			
40.5	41.0	Brown to Gray Brown Sandstone			
41.0	43.0	Brown to Olive Brown Clayey Sand			
43.0	50.0	Olive Brown to Olive Gray Fat Clay			
50	53.5	Dark Gray Shale			
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) <u>3/3/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>3/24/92</u> under the business name of <u>Terracon Consultants</u> by (signature) <u>[Signature]</u>					
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.					