

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		NW 1/4 NW 1/4 NE 1/4	<u>14</u>	<u>T 28 S</u>	<u>R 1</u> E/W
Distance and direction from nearest town or city street address of well if located within city?					
<u>3000' East of the intersection of K-15 and MacArthur Road, Wichita, KS 52905032 RW-52</u>					
2 WATER WELL OWNER: <u>Boeing Military Airplanes</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, KS 67277-7730</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>49.0</u> ft. ELEVATION: <u>Approx. Surface Elev.: 1325</u>			
1 Mile		Depth(s) Groundwater Encountered 1. <u>26.0</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23.73</u> ft. below land surface measured on mo/day/yr <u>04/04/90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>.13</u> in. to <u>49.0</u> 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 <u>Recovery Well</u>					
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:					
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 _____					
7 Fiberglass _____ Threaded X					
Blank casing diameter <u>5</u> in. to <u>15.5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge <u>No. Schedule 40</u>					
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) _____					
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 <u>15.5</u> ft. to <u>48.5</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>4.0</u> ft. to <u>49.0</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>6.0</u> ft. to <u>12.0</u> ft. From <u>12.0</u> ft. to <u>14.0</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 <u>Industrial Plant</u>					
Direction from well? <u>Northeast</u> How many feet? <u>500</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3.0	Fill: Brown Lean Clay			
3.0	25.5	Light Red-Brown Lean to Fat Clay			
25.5	31.0	Gray-brown Fat Clay			
31.0	32.5	Red-Brown Lean to Fat Clay			
32.5	37.0	Brown Lean to Fat Clay			
37.0	39.0	Brown Sandstone			
39.0	43.5	Olive-Gray Fat Clay			
43.5	47.5	Mottled Gray Fat Clay			
47.5	49.5	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>03/24/90</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>5-23-90</u>					
under the business name of <u>Terracon Consultants, Inc.</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					