

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SE 1/4 NE 1/4 SE 1/4	Section Number 19	Township Number T 28 S	Range Number R 1 (EW)
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2 WATER WELL OWNER: City of Wichita, Public Works Department		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : 455 North Main Street		Application Number:
City, State, ZIP Code : Wichita, KS 67202		

4 DEPTH OF COMPLETED WELL 17 ft. ELEVATION: Approx. Surface Elev.: 1271.4
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL 9.39 ft. below land surface measured on mo/day/yr 08/10/93
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield N/A gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter 7.25 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 ☒ No

6 GROUT MATERIAL: (1) Neat cement 2 Cement grout (3) Bentonite 4 Other
Grout Intervals: From 0.0 ft. to 4.0 ft., From 4.0 ft. to 5.0 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)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage *NONE*
Direction from well? How many feet?

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) 08/10/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 08/16/93 under the business name of Terracon Consultants, Inc. by (signature) Steve Fischer

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.