

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE 1/4 NE 1/4 NE 1/4</u>	<u>36</u>	<u>T 29 S</u>	<u>R 2 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3-Mile E of Mulvane</u>					
2 WATER WELL OWNER:		Wichita Kan Lot 5			
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code:		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL			
		145 ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>999</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>999</u> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. 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 <u>Lawn and garden only</u> 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was sub-			
		mitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
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 <u>None</u> Threaded _____					
Blank casing diameter <u>12</u> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) <u>NA</u>					
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) <u>NA</u>					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout <u>X</u> Bentonite 4 Other _____					
Grout Intervals: From <u>145</u> ft. to <u>0</u> ft., From _____ ft. to _____ 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
			<u>0</u>	<u>145</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <u>X</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>8/11/94</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>251</u> This Water Well Record was completed on (mo/day/yr) <u>8/11/94</u>					
under the business name of <u>Winter Well Drills</u> by (signature) <u>Charles Winter</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.					