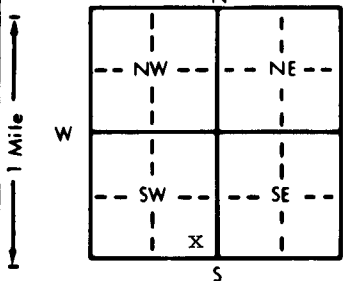
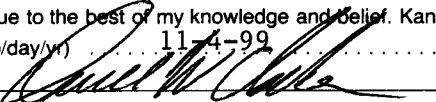


1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Harvey		SE ¼ SE ¼ SW ¼		29		T 23 S		R 2 E/W	
Distance and direction from nearest town or city street address of well if located within city? Approximately 1 mile north and 3 miles west of Halstead									
2 WATER WELL OWNER:		City of Wichita							
RR#, St. Address, Box # :		455 N. Main							
City, State, ZIP Code :		Wichita, KS 67202							
		Board of Agriculture, Division of Water Resources							
		Application Number:							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 203 ft. ELEVATION: unknown							
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.							
		WELL'S STATIC WATER LEVEL not ch'd. ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was not ch'd. ft. after hours pumping gpm							
		Est. Yield unknown gpm: Well water was ft. after hours pumping gpm							
		Bore Hole Diameter . . . 6 . . . in. to . . . 215 . . . ft., and in. to ft.							
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . X . . . Clamped							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded							
2 PVC 4 ABS		7 Fiberglass Threaded							
Blank casing diameter . . . 2 . . . in. to . . . 65 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.									
Casing height above land surface . . . 24 . . . in., weight . . . 96 . . . lbs./ft. Wall thickness or gauge No. . . 218									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
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 . . . 65 . . . ft. to . . . 201 . . . ft., From . . . ft. to . . . ft.									
From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
GRAVEL PACK INTERVALS: From . . . 64 . . . ft. to . . . 215 . . . 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 . . . Bentonite Holeplug									
Grout Intervals: From sand & gravel 0 ft. to 4 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage None known									
Direction from well?		How many feet?							
FROM TO LITHOLOGIC LOG FROM TO		POSSIBLE INTERVALS							
0 13 Sand, medium, fine, very fine 209 215 Shale, black									
13 29 Clay, gray, green									
29 66 Clay, green									
66 69 Clay, brown, sandy									
69 73 Clay, green									
73 79 Sand and gravel, medium, fine									
79 86 Clay, green, sandy									
86 87 Sand and gravel, medium, fine									
87 126 Clay, green, sand streak at 114'									
126 152 Sand and gravel, medium, fine									
152 166 Clay, green									
166 169 Sand and gravel, medium, fine									
169 173 Clay, tan									
173 201 Sand and gravel, medium, fine									
201 209 Clay, dark green									
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) . . . 10-25-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) . . . 11-4-99 under the business name of Clarke Well & Equipment, Inc. by (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.									

OFFICE USE ONLY

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