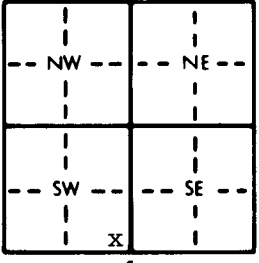
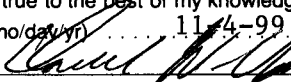


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Harvey		SE 1/4 SE 1/4 SW 1/4	29	T 23 S	R 2 E/W
Distance and direction from nearest town or city street address of well if located within city? Approximately 1 mile north and 3 miles west of Halstead					
2 WATER WELL OWNER: City of Wichita					
RR#, St. Address, Box #: 455 N. Main Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: Wichita, KS 67202 Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 204 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. 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 Basin Recharge 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 <u>X</u> . . . . . Clamped . . . . .					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .					
7 Fiberglass . . . . . Threaded . . . . .					
Blank casing diameter . . . 2 . . . in. to . . . 38 . . . 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:					
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) . . . . .					
9 ABS 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 . . . 38 . . . ft. to . . . 202 . . . ft. From . . . ft. to . . . ft.					
From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 34 . . . 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 . . . 0 . . . ft. to . . . 4 . . . ft. From . . . ft. to . . . ft. From . . . 4 . . . ft. to . . . 34 . . . 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 None known					
Direction from well? How many feet?					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 11 Sand, medium, fine, very fine 202 207 Clay, dark green					
11 41 Clay, gray, green 207 215 Shale, black					
41 53 Sand and gravel, medium, fine					
53 72 Clay, green					
72 73 Sand and gravel, medium, fine					
73 78 Clay, green					
78 79 Sand and gravel, medium, fine					
79 81 Clay, green					
81 93 Sand and gravel, medium, fine					
93 106 Clay, green					
106 117 Sand and gravel, medium, fine					
117 122 Clay, green					
122 152 Sand and gravel, medium, fine					
152 167 Clay, tan					
167 202 Sand and gravel, medium, fine					
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) . . . 10-27-99 . . . 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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