

1 LOCATION OF WATER WELL:		Fraction <u>SE</u>	Section Number <u>15</u>	Township Number <u>T 23 S</u>	Range Number <u>R 5 E</u>
County: <u>Reno</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>N = 1815674.840 E = 495753.730 SE cor. Sec 10: N = 1219438.10 E = 499892.91</u>					
2 WATER WELL OWNER: <u>Cessna Aircraft</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>P.O. Box 7704</u>		Application Number: <u>MW-24 S</u>			
City, State, ZIP Code: <u>Wichita KS 67277</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION: <u>TOC = 1515.62 GL = 1513.06</u>			
		Depth(s) Groundwater Encountered 1. <u>12.2</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>12.2</u> ft. below land surface measured on mo/day/yr <u>3-30-92</u>			
		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 <u>7.25</u> in. to <u>23</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 <u>10 Monitoring well</u>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR)		Welded _____			
<u>2 PVC</u> 4 ABS		Threaded <u>X</u>			
6 Fiberglass					
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>30</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>sc 490</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>7 PVC</u>			
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:		8 Saw cut 11 None (open hole)			
1 Continuous slot <u>5 Mill slot</u>		9 Drilled holes			
2 Louvered shutter 4 Key punched		10 Other (specify) _____			
3 Torch cut					
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>Surface</u> ft. to <u>6</u> ft., From <u>6</u> ft. to <u>8</u> 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		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage <u>Industrial site</u>					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? <u>North West</u>		How many feet? <u>~2,500</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5.5	silty CLAY			
5.5	10	clay SAND			
10	12	silty SAND med to fine			
12	23	silty SAND coarse to fine w/ trace of fine gravel			
Grout variance granted					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-17-92</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>517</u> This Water Well Record was completed on (mo/day/yr) <u>4-1-92</u>					
under the business name of <u>Groundwater Technology, Inc.</u> by (signature) <u>Steve Mitchell</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.					

000013