WATE	R WELI	L REC	ORD			For	m WWC	2-5	Divisi	on of Wate	r Resourc	es; App. No. [
I LOCATION OF WATER WELL:					Fraction				Number		hip Number			
County: Reno							SE _{1/4} S		4		T 23	S	R 6	
Distance and direction from nearest town or city street address of well if									Global Positioning Systems (decimal degrees, min. of 4 digits)					
located within city? 1611 S. Hoover, Wichita, KS 67209									Latitude:					
2 WATER WELL OWNER: Aquila, Inc.									Elevation:					
RR#, St. Address, Box # 20 West Ninth St									Elevation:					
RR#, St. Address, Box # City, State, ZIP Code 20 West Ninth St. Kansas City, MO 64105									Datum: Data Collection Method:					
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 90									1					
	CATION		4 DLI	III OF V	COMIL	LILD	W DDD 5							
	H AN "X'	" IN	Depth((s) Groui	ndwater	Encou	intered (1)		ft.	(2)		ft. (3)		ft.
SEC	TION BO	X:	WELL	S STAT	IC WAT	ER LE	VEL 999	ft.	below lar	nd surface	measure	ed on mo/day	_{//yr} 8-14-06)
WITH AN "X" IN SECTION BOX: N Pump test data: Well water was ft. after hours pumping ft. after hours pumping												gpm		
Est. Yield gpm: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well														
L Domestic 2 Feedlet 6 Oil field water county 0 Downstein a Other (Speed														
W		E	2 Irriga	ation 4	Industr	ial	7 Domest	ic (lawn&	garden)	10 Mon	itoring v	vell C	athodic Pro	tection
-SWSE Was a chemical/bacteriological sample submitted to Department'? Yes No X If yes, mo/day/yrs														
Was a chemical/bacteriological sample submitted to Department'? Yes No X If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X														
	S													
5 TYPI	E OF CAS	ING US	SED:	5 Wr	ought Iro	on	8 Con	crete tile		CASIN	G JOINT	S: Glued	Clamp	ed
I	Steel	3 RMP	(SR)	6 As	bestos-C	ement	9 Oth	er (specify	below)			Welded		
2	I Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specification 2 PVC 4 ABS 7 Fiberglass Blank casing diameter N/A in. to N/A ft., Diameter.										D'	Threaded	i	
Blank c	asing diam	eter 1111	urfoce	in. to Al		in W	lameter Jeight	1	n, to 1 h e /ft X	II., Wall thick	Diamete	guage No.	in. to	П.
	OF SCREE						eight		105./1t. V	wall liller	iless of	guage No.		
	Steel						7 PVC	9 A	BS		1 1 Ot	her (Specify)		
2	Brass	4 Galv	anized	Steal 6	Concret	e tile	8 RM (S	R) 10 A	Asbestos-	Cement	12 No	ne used (oper	n hole)	
	N OR PER													
I	Continuo	us slot :	3 Mill	slot	5 Gua	zed wr	apped 7	Torch cut	9 Drille	ed holes	111	None (open h	ole)	
SCREE	Louvered	Shutter	4 Key	punched	16 Wire	: wrapp A	ped 8	Saw Cut N/A	10 Othe	r (specify	y)	ft. to		6
SCREE	N-I ERI O	KATED	INTL	CVALS.	From		ft to		ft.	From		ft to		ft.
	GRAVEL	PACK	INTER	RVALS:	From N/	Α	ft. to	N/A	ft	., From		ft. to		ft.
					From		ft. to		ft.	., From		ft. to		ft.
(CD C		77717			. 🕭 🖯		4.2.D		Cont	Topsoil				
6 GRO	UT MATE	ERIAL:	. 85 No	eat ceme	ent (2) Ce	ment	grout 3 Be	ntonite (tt to 0	r opoon	t Erom		ft to	 A
	the nearest						It., From		11. 10		t., F10III		11. 10	11.
1	Septic tank			4 Lateral			/v	I 0 Livesto	ock pens	13 Ins	secticide	Storage	16 Other (specify
	Sewer line			Cess po			e lagoon	I I Fuel st	orage	14 Al	bandoned	l water well	below)	
3	Watertigh	t sewer	lines 6	Seepage	e pit 9	Feedya	ard	12 Fertili	zer Stora	ge 15 Oil	well/ga	s well	Drainage	Ditch
Directio	n from wel	19 Nort	.n		00101			How many				00010 010	TRAIL C	
FROM	TO	Daula ha		LITHOL	LOGIC L	,OG		FROM 85		Dontoni		GGING INT	ERVALS	
5	5	Dark br Yellow		ay				4	0	Bentoni Topsoil	te grout			
10	15			ium sand	i				 	Topson				
15	30			rated wit		lavs				-				
30	45			ium sand			gravel							
45	65			ium sand					1					
65	85	Saturate	ed fine	to mediu	m sand	with si	lty clay							
										Well #1				
		10.05				nra : -		1	11 (1)		1 1 (2)			l
7 CON	RACTOR	S OR L	LANDO	WNER'S	o CERTI	IFICAT	110N: This 8-14-06					reconstructe		
Kansas	y jurisdicti Water Wel	ion and V I Contra	was con ctor's I	icense N	o 665	iy/year)	This Wate	r Well Rec	ord was	completed	on and	day/year) 8	28-06	ener.
under th	e business	name of	f Pratt	Well En	vironme	ntal		by	(signatu	ire)	Ju	an c	C. C.	24
INSTRU	CTIONS: Us	e typewrit	er or ball	l point pen.	PLEASE	PRESS	FIRMLY and	PRINT clear	v. Please f	ill in blanks	underline	or circle the c	orrect answ	s. Send top
three copi	es to Kansas	Departmen	nt of Heal	th and Envi	ronment, l	Bureau o	t Water, Geold d retain one	ogy Section,	i 000 SW Ja records	ackson St, S Fee of \$5	uite 420, T	Topeka, Kansas ach construc	66612-1367. Sted well. V	relephone isit us at
	w.kdhe.state.k				- D 0 44 14	and		- tor your						