

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																
County: Sedgwick		NE ¼ NW ¼ NW ¼		35		T 25 S		R 2 W																																																																
Distance and direction from nearest town or city street address of well if located within city? North of 96HWY & 151st Street W.						Northing:1740950.32 Easting:1596891.892																																																																		
2 WATER WELL OWNER: City of Wichita																																																																								
RR#, St. Address, Box # : 6016 S. Spring Lake Road						Board of Agriculture, Division of Water Resources																																																																		
City, State, ZIP Code : Halstead, Kansas 67056						Application Number:																																																																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>136</u> ft. ELEVATION: _____																																																																						
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td></td><td>X</td><td></td></tr><tr><td>-- NW --</td><td>-- NE --</td><td></td></tr><tr><td>-- SW --</td><td>-- SE --</td><td></td></tr></table>			X		-- NW --	-- NE --		-- SW --	-- SE --		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																													
			X																																																																					
		-- NW --	-- NE --																																																																					
		-- SW --	-- SE --																																																																					
		WELL'S STATIC WATER LEVEL <u>10.78</u> ft. below land surface measured on mo/day/yr <u>10/9/08</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>6</u> in. to <u>150</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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																								
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well																																																																								
Was a chemical/bacteriological sample submitted to Department _____ No X If yes, mo/day/yr sample was submitted																																																																								
Water Well Disinfected? Yes X No																																																																								
5 TYPE OF BLANK CASING USED:																																																																								
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____																																																																								
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																								
7 Fiberglass Threaded _____																																																																								
Blank casing diameter <u>2</u> in. to <u>126</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																								
Casing height above land surface <u>36"</u> in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40																																																																								
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 9 Drilled holes 10 Other (specify) _____																																																																								
2 Louvered shutter 4 Key punched 7 Torch cut																																																																								
SCREEN-PERFORATED INTERVALS: From <u>136</u> ft. to <u>126</u> ft. From _____ ft. to _____ ft.																																																																								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																								
GRAVEL PACK INTERVALS: From <u>138</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.																																																																								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite X 4 Other _____																																																																								
Grout Intervals From <u>150</u> ft. to <u>138</u> ft. From <u>25</u> ft. to <u>0</u> ft. From _____ ft. to _____ ft.																																																																								
What is the nearest source of possible contamination: None Known 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																																																																								
Direction from well? _____ How many feet? _____																																																																								
<table border="1" style="width:100%;"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>See Attached Log</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																		See Attached Log																																						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																																																																		
			See Attached Log																																																																					
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/yr) <u>10/09/08</u> and this record is true to the best of my knowledge and belief. Kansas																																																																								
Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>11/19/09</u>																																																																								
under the business name of Layne Christensen Company by (signature) <i>Layne Christensen</i>																																																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																								

TEST HOLE REPORT

Page 1 0f 1

LAYNE Western

A Division of LAYNE Christensen Company

Wichita, Kansas

[illegible]