

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																							
County: Sedgwick		SE ¼ SW 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?						Nothing: 1738351.239 Easting: 1596553.385																																																																									
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>207</u> ft. ELEVATION: _____																																																																													
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																													
		WELL'S STATIC WATER LEVEL <u>10.42</u> ft. below land surface measured on mo/day/yr <u>10/29/08</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>220</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? Yes _____ 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																																																																						
2 PVC			4 ABS			6 Asbestos-Cement			9 Other (specify below)																																																																						
						7 Fiberglass			CASING JOINTS: Glued X Clamped _____																																																																						
									Welded _____																																																																						
									Threaded _____																																																																						
Blank casing diameter <u>2</u> in. to <u>187'</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																															
Casing height above land surface <u>36"</u> in., weight <u>0.68</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>																																																																															
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																															
1 Steel			3 Stainless steel			5 Fiberglass			8 RMP (SR)																																																																						
2 Brass			4 Galvanized steel			6 Concrete tile			9 ABS																																																																						
1 Continuous slot			3 Mill slot			5 Gauzed wrapped			8 Saw cut																																																																						
2 Louvered shutter			4 Key punched			6 Wire wrapped			9 Drilled holes																																																																						
						7 Torch cut			10 Other (specify) _____																																																																						
SCREEN-PERFORATED INTERVALS: From <u>207</u> ft. to <u>187</u> ft. From _____ ft. to _____ ft.																																																																															
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																															
GRAVEL PACK INTERVALS: From <u>220</u> ft. to <u>183</u> ft. From _____ ft. to _____ ft.																																																																															
From <u>126</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.																																																																															
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite X 4 Other _____																																																																															
Grout Intervals From <u>183</u> ft. to <u>126</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																																																																															
1 Septic tank			4 Lateral lines			7 Pit privy			10 Livestock pens																																																																						
2 Sewer lines			5 Cess pool			8 Sewage lagoon			11 Fuel storage																																																																						
3 Watertight sewer lines			6 Seepage pit			9 Feedyard			12 Fertilizer storage																																																																						
									13 Insecticide storage																																																																						
									14 Abandoned water well																																																																						
									15 Oil well/ Gas well																																																																						
									16 Other (specify below)																																																																						
Direction from well? _____ How many feet? _____																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <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> </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> <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																																																															
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																																																																									
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>10/28/08</u> and this record is true to the best of my knowledge and belief. Kapsas																																																																															
Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>1/19/09</u>																																																																															
under the business name of Layne Christensen Company by (signature) <i>Russell W. Hader</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

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LAYNE Western

A Division of LAYNE Christensen Company

Wichita, Kansas

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