

Well #6

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Sedgwick	NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	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.			GPS Location Northing: Easting:			
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>136.5</u> ft. ELEVATION: _____				
<p>A 3x3 grid representing a section box. The top-left square (NW) has an 'X' in it. The other squares are labeled with their respective quarter-section abbreviations: NE, SE, SW, and four unlabeled squares in the middle row.</p>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <u>9.2</u> ft. below land surface measured on mo/day/yr <u>11/17/08</u>				
		Pump test data: Well water was <u>42.00</u> ft. after <u>168</u> hours pumping <u>1600</u> gpm				
		Est. Yield <u>1600</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter <u>42</u> in. to <u>20</u> ft. and <u>29</u> in. to <u>136.5</u> ft.				
WELL WATER TO BE USED AS: <input checked="" type="radio"/> Public water supply 8 Air conditioning 11 Injection well <input type="radio"/> Domestic <input type="radio"/> Feed lot <input type="radio"/> Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="radio"/> Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
<input checked="" type="radio"/> PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
		7 Fiberglass Certi-Lok		Threaded _____		
Blank casing diameter <u>17.4</u> in. to <u>91.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>48"</u> in., weight <u>SDR-17</u> lbs./ft. Wall thickness or gauge No. <u>1.024"</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel <input checked="" type="radio"/> 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:						
<input checked="" type="radio"/> 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 <u>136.5</u> ft. to <u>91.5</u> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>136.5</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 <input checked="" type="radio"/> Cement grout <input checked="" type="radio"/> Bentonite 4 Other _____						
Grout Intervals From <u>0</u> ft. to <u>20</u> ft. From <u>20</u> ft. to <u>25</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 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				
Direction from well? _____ How many feet? _____						
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>2/6/09</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>2/13/09</u> under the business name of <u>Layne Christensen Company</u> by (signature) <u>[Signature]</u>						
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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