

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>25</u>	T <u>26</u> S	R <u>1</u> EW <u>1</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>City of Wichita</u> <u>Brooks Landfill</u>					
RR#, St. Address, Box # : _____					
City, State, ZIP Code <u>Wichita Ks</u> Board of Agriculture, Division of Water Resources					
Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>43</u> ft. ELEVATION: _____			
1 Mile		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL _____ <u>10</u> ft. below land surface measured on mo/day/yr <u>7-22-96</u>			
		Pump test data: Well water was _____ <u>11.5</u> ft. after _____ <u>8</u> hours pumping _____ <u>98</u> gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>12</u> in. to _____ <u>43</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)		<u>Recovery well</u>			
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well		_____			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was sub-					
mitted _____ Water Well Disinfected? Yes _____ No <u>✓</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
<u>2</u> PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
Blank casing diameter _____ <u>6</u> in. to _____ <u>28</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		Threaded _____ <u>✓</u>	
Casing height above land surface _____ <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 80</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel <u>3</u> Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		7 PVC 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot <u>6</u> Wire wrapped 8 Saw cut 11 None (open hole)		9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From _____ <u>28</u> ft. to _____ <u>43</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ <u>10</u> ft. to _____ <u>43</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other <u>Rock Mix Concrete</u>					
Grout Intervals: From _____ ft. to _____ ft., From _____ <u>3</u> ft. to _____ <u>10</u> ft., From _____ <u>0</u> ft. to _____ <u>3</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well		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? _____					
FROM		TO		LITHOLOGIC LOG	
<u>0</u>		<u>12</u>		<u>Top Soil</u>	
<u>12</u>		<u>12</u>		<u>Clay</u>	
<u>12</u>		<u>TD</u>		<u>Sand</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-18-96</u> and this record is true to the best of my knowledge and belief Kansas					
Water Well Contractor's License No. <u>581</u> This Water Well Record was completed on (mo/day/yr) <u>7-18-96</u>					
under the business name of <u>Layne Western</u> by (signature) <u>Stevenson 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.					

