

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: SEDGWICK		SW ¼ SW ¼ SW ¼		24		T 27 S		R 1 W	
Distance and direction from nearest town or city street address of well if located within city? 240 S WEST STREET									
2 WATER WELL OWNER: TOWN & COUNTRY #73									
RR#, St. Address, Box #: 240 S WEST STREET						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: WICHITA, KS						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 15 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 15.84 ft. below land surface measured on mo/day/yr 10/4/01							
		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 8.625 in. to 20 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 MW-15									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was Submitted _____									
Water Well Disinfected? Yes _____ No X									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 in. to 8 Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 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:									
1 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 8 ft. to 20 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From 7 ft. to 20 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals From3 7 ft. to 4 Ft. From2 4 to 0 ft. From _____ ft. to _____ 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									
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)									
Contaminated Site									
Direction from well? _____ How many feet? _____									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w									
Completed on (mo/day/yr) 10/4/01 And this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 10/16/01									
under the business name of Associated Environmental, Inc. By (signature) Darin R Duncan									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.									

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