

1	LOCATION OF WATER WELL:	Fraction	Section Number			Township Number		Range Number	
County:	Sedgwick	NW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	12			T 27 S		R 1 W	

Distance and direction from nearest town or city street address of well if located within city?
3805 W. 21st, Wichita, Kansas

2	WATER WELL OWNER:	Wichita One Stop	
	RR#, St. Address, Box #	PO Box 667	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code	Independence, Ks 67301	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL _____ ft. ELEVATION: _____ Depth(s) Groundwater Encountered 11.5 <u>18</u> ft. 2 _____ ft. 3 _____ Ft. WELL'S STATIC WATER LEVEL <u>18.77</u> ft. below land surface measured on mo/day/yr <u>1/24/07</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>8.625</u> in. to <u>24</u> Ft. and _____ in. to _____ Ft. WELL WATER TO BE USED AS: <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>3 Feed lot</td> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> </tr> </table> 10 Monitoring well MW-4 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	1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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5 TYPE OF BLANK CASING USED:		3 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued		Clamped																															
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded																															
2 PVC		4 ABS		7 Fiberglass		Threaded		X																															
Blank casing diameter		2 in. to		14 Ft., Dia		In. to		Ft., Dia																															
Casing height above land surface		FLUSH		In., weight		SCH 40		Lbs./ft. Wall thickness or gauge No.																															
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										6 Wire wrapped										9 Drilled holes									
2 Louvered shutter										4 Key punched										7 Torch cut										10 Other (specify)									
SCREEN-PERFORATED INTERVALS:										From 14 ft. to										24 ft. From										ft. to									
										From ft. to										ft. From										ft. to									
SAND PACK INTERVALS:										From 12 ft. to										24 ft. From										ft. to									
										From ft. to										ft. From										ft. to									

6	GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals		From 3 0 ft. to 10 ft.	From 2 10 ft. to 24 ft.	From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well?				How many feet?	
				10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) _____	
				Contaminated Site	

[illegible]

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) 1/23/07		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) 2/22/07	
under the business name of Associated Environmental, Inc.		By (signature) Bradley Johnson	
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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.			