

1

LOCATION OF WATER WELL:

Fraction

Section Number

Township Number

Range Number

County:

Sedgwick

NW ¼ NW ¼ SE ¼

27

T 27 S

R 1

W

Distance and direction from nearest town or city street address of well if located within city?

6333 W. Kellogg, Wichita

2

WATER WELL OWNER:

Delta Environmental Consultants

RR#, St. Address, Box # : 2240 Bluestone Dr.

City, State, ZIP Code : St. Charles, MO 63303

Board of Agriculture, Division of Water Resources

Application Number:

3

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

1 Mile

W

NW

NE

SW

SE

X

E

S

4

DEPTH OF COMPLETED WELL

20

ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____

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 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

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No ☒

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 _____ Flush _____

Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

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

10 Other (specify) _____

7 Torch cut

SCREEN-PERFORATED INTERVALS:

From 5 ft. to 20 ft.

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From 4 ft. to 20 ft.

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

6

GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other _____

Grout intervals From 1 ft. to 4 ft. From _____ ft. to _____ 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) _____

13 Insecticide storage

Direction from well? _____ How many feet? _____

FROM

TO

CODE

LITHOLOGIC LOG

FROM

TO

PLUGGING INTERVALS

0

0.5

Asphalt

0.5

3

Clay, medium brown

3

10.5

Clay, dark brown

10.5

14

SP

Sand, gray-brown

14

20

SP

Sand, medium red-brown

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) 03/30/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 04/06/07 under the business name of Geotechnical Services Inc. by (signature) Sarah A. White

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.