

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>34</u>	T <u>27</u> S	R <u>1</u> EW <u>2</u>

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

2 WATER WELL OWNER: <u>Roadway Express</u>	<u>MW-4</u>	Board of Agriculture, Division of Water Resources
RR#, St Address, Box #: <u>1601 South Hoover</u>		Application Number:
City, State, ZIP Code: <u>Wichita, KS</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>17.52</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <u>7.85</u> ft. 2. <u>17.52</u> ft. 3. <u>17.52</u> ft. WELL'S STATIC WATER LEVEL <u>7.85</u> 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 _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>No</u>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2</u> in. to <u>2.52</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.			<u>Threaded</u>
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
1 Steel	3 Stainless steel	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel		12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>2.52</u> ft. to <u>17.52</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>2.00</u> ft. to <u>17.52</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>2</u> 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below) _____

Direction from well?		How many feet?	
FROM	TO	FROM	TO
<u>0</u>	<u>0.2</u>		
<u>0.2</u>	<u>25</u>		
LITHOLOGIC LOG		PLUGGING INTERVALS	
<u>Asphalt</u>			
<u>Sand, med grain, moderate yellowish brown.</u>			

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/year) <u>12/11/93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>438</u> This Water Well Record was completed on (mo/day/yr) <u>5/3/94</u> under the business name of <u>Kansas City Testing Lab Inc.</u> by (signature) <u>Joe J. Bingham</u>
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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.

OFFICE USE ONLY

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