

1 LOCATION OF WATER WELL: County: <b>Sedgwick</b>		Fraction: <b>SW 1/4 NW 1/4 SW 1/4</b>	Section Number: <b>11</b>	Township Number: <b>T 28 S</b>	Range Number: <b>R 1 W E 1</b>
Distance and direction from nearest town or city street address of well if located within city? <b>3740 Hoover CT Wichita KS 67215</b>					
2 WATER WELL OWNER: <b>Solar Systems Inc. Graeve, Steve</b>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #: <b>1218 W. MacArthur</b>			Application Number: <b>N/A</b>		
City, State, ZIP Code: <b>Wichita KS 67217</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>43</b> ft. ELEVATION: <b>191-6"</b>			
		Depth(s) Groundwater Encountered: <b>19-6"</b> ft. 2. <b>191-6"</b> ft. 3. <b>191-6"</b> ft.			
		WELL'S STATIC WATER LEVEL: <b>19-6"</b> ft. below land surface measured on mo/day/yr <b>5-17-84</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield: <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter: <b>8</b> in. to <b>32</b> in. and _____ in. to _____ in.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well <input checked="" type="checkbox"/> Other (Specify below) <b>Domestic Return well</b>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		<input checked="" type="radio"/> RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter: <b>5</b> in. to <b>37</b> in.		Dia: _____ in. to _____ in.		8 Concrete tile	
Casing height above land surface: <b>12</b> in.		weight: <b>1.5</b> lbs./ft.		9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		<input checked="" type="radio"/> RMP (SR)		11 Other (specify)	
2 Brass		9 ABS		12 None used (open hole)	
3 Stainless steel					
4 Galvanized steel					
6 Concrete tile					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="radio"/> Saw cut	
1 Continuous slot		6 Wire wrapped		11 None (open hole)	
2 Louvered shutter		7 Torch cut		9 Drilled holes	
3 Mill slot				10 Other (specify)	
4 Key punched					
SCREEN-PERFORATED INTERVALS:		From <b>37</b> ft. to <b>43</b> ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<input checked="" type="radio"/> Bentonite	
4 Other					
Grout Intervals: From <b>3</b> ft. to <b>13</b> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		7 Pit privy		11 Fuel storage	
2 Sewer lines		8 Sewage lagoon		12 Fertilizer storage	
3 Watertight sewer lines		9 Feedyard		13 Insecticide storage	
4 Lateral lines				15 Oil well/Gas well	
5 Cess pool				16 Other (specify below)	
6 Seepage pit					
Direction from well? <b>South</b>		How many feet? <b>15</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	8	Drk. Brn. Clay			* Return Well on Domestic Solar System. Well equipped with pitless adpt. and water tight cap. 25 ft. return pipe extends from pitless adpt. to 28 ft. 8 1/2 ft. below surface of water table.
8	17	Red "			
17	32	gray "			
32	43	LT. Brn. med. med fine Sand			
		gray clay Bottom			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>5-17-84</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>295</b> This Water Well Record was completed on (mo/day/yr) <b>5-24-84</b> under the business name of <b>Protheroe Pump &amp; Well</b> by (signature) <b>Clay Protheroe</b>					
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					