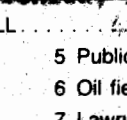


LOCATION OF WATER WELL		Fraction	(NE NE NW)	Section Number	Township Number	Range Number
County: <u>Sedgewick</u>		<u>NE</u>	<u>¼</u>	<u>18</u>	<u>T 26 S</u>	R <u>1 E</u>
Distance and direction from nearest town or city?				Street address of well if located within city? <u>6109 Bella Rd., Valley Center, Kansas</u>		
WATER WELL OWNER: <u>Steve Lee-Lee Builders Spec House</u> RR#, St. Address, Box # <u>2421 West 25th North</u> City, State, ZIP Code <u>Nichita, Kansas</u> Board of Agriculture, Division of Water Resources Application Number: _____						
DEPTH OF COMPLETED WELL: <u>45</u> ft. Bore Hole Diameter: <u>11</u> in. to ____ ft., and ____ in. to ____ ft. Well water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well <u>2 Irrigation</u> 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)____ 10 Observation well Well's static water level <u>15</u> ft. below land surface measured on ____ month ____ day <u>1979</u> year Pump Test Data Well water was ____ ft. after ____ hours pumping ____ gpm Est. Yield gpm: Well water was ____ ft. after ____ hours pumping ____ gpm						
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS 5 Wrought iron 8 Concrete tile Casing Joints: Glued ☒ Clamped ____ 6 Asbestos-Cement 9 Other (specify below)____ Welded ____ 7 Fiberglass Threaded ____ Blank casing dia ____ in. to ____ ft. Dia ____ in. to ____ ft. Dia ____ in. to ____ ft. Casing height above land surface <u>12</u> in. weight ____ lbs./ft. Wall thickness or gauge No. <u>200</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 7 PVC 10 Asbestos-cement Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut ☒ 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)____ 11 None (open hole)____ Screen-Perforation Dia <u>5</u> in. to ____ ft. Dia ____ in. to ____ ft. Dia ____ in. to ____ ft. Screen-Perforated Intervals: From <u>30</u> ft. to <u>45</u> ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft. Gravel Pack Intervals: From <u>16</u> ft. to <u>45</u> ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.						
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____ Grouted intervals: From <u>6</u> ft. to <u>16</u> ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft. What is the nearest source of possible contamination? <u>Septic System not installed at this time.</u> 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)____ 13 Watertight sewer lines <u>No apparent source</u> Direction from well ____ How many feet ____ ? Water Well Disinfected? Yes ☒ No ____ Was a chemical/bacteriological sample submitted to Department? Yes ____ No ☒ If yes, date sample submitted ____ month ____ day ____ year Pump Installed? Yes ____ No ☒ If Yes: Pump Manufacturer's name ____ Model No. ____ HP ____ Volts ____ Depth of Pump Intake ____ ft. Pumps Capacity rated at ____ gal./min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other ____						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on ____ month ____ day <u>14</u> , 1979. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>135</u> . This Water Well Record was completed on ____ month ____ day ____ year under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) ____						
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  ELEVATION: <u>Vlat Ground</u>		FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG 0 3 Topsoil 3 13 Clay 13 29 Fine Sand 29 43 Medium Sand 43 43 Shale				
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.						