

1 LOCATION OF WATER WELL: County: <b>SEDGWICK</b>		Fraction <b>NE 1/4 NW 1/4 SW 1/4</b>		Section Number <b>18</b>		Township Number <b>T 26 S</b>		Range Number <b>R 1 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>5721 Athenian Wichita, Kansas</b>									
2 WATER WELL OWNER: <b>Joe Lee - Leewood Homes</b>						Spec. House			
RR#, St. Address, Box # : <b>6130 Legion</b>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>Wichita, Kansas</b>						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>45</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr <b>5-4-83</b>							
		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 <b>11</b> in. to _____ ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		<u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)							
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well							
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes _____ No <u>X</u>							
5 TYPE OF BLANK CASING USED:									
1 Steel		3 <u>RMP (SR)</u>		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass		<u>Cer-Mac Styrene SDR-26</u>		Threaded _____	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <b>203</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		<u>8 RMP (SR)</u>		11 Other (specify) _____	
						9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		<u>8 Saw cut</u>		11 None (open hole)	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes			
				7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <b>30</b> ft. to <b>45</b> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>14</b> ft. to <b>45</b> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____									
Grout Intervals: From <b>4</b> ft. to <b>14</b> ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 1 Septic tank		4 Lateral lines		<u>None Apparent</u>		10 Livestock pens		14 Abandoned water well	
2 Sewer lines		5 Cess pool		7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
				9 Feedyard		13 Insecticide storage			
Direction from well? _____ How many feet? _____									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		3		Topsoil					
3		7		Clay					
7		26		Fine Sand					
26		45		Medium Sand					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-4-83</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>236</b> This Water Well Record was completed on (mo/day/yr) <b>6-10-83</b>									
under the business name of <b>Harp Well &amp; PUMP Service, Inc.</b> by (signature) <u>M. Grubbs</u>									
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.									

OFFICE USE ONLY

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26

R

1

CW

SEC.

18

NET

m

1/4

SW

1/4