

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>nw</u> $\frac{1}{4}$ <u>ne</u> $\frac{1}{4}$ <u>sw</u> $\frac{1}{4}$	<u>18</u>	<u>T</u> <u>26</u> <u>S</u>	<u>R</u> <u>1 E</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5743 North Charles</u> <u>Wichita, Kansas</u>					
2 WATER WELL OWNER:		Spec. House			
RR#, St. Address, Box # :		<u>6130 Legion</u>			
City, State, ZIP Code :		<u>Wichita, Kansas</u>			
		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL. <u>40</u> ft. ELEVATION:			
<p>1 Mile</p>		Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>4-16-83</u>			
		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 <u>11</u> 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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued... <u>X</u> ...Clamped....	
				Welded.....	
				Threaded.....	
Blank casing diameter <u>5</u> in. to <u>25</u> ft., Dia				in. to ft., Dia	
Casing height above land surface..... <u>12</u> in., weight <u>1.59</u> lbs./ft.				Cer-Mac Styrene SDR- <u>26203</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				11 None (open hole)	
				10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>40</u> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>40</u> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other					
Grout 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>NONE APPARENT</u>					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>Well to be in basement..</u>	
Direction from well? _____ How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	7	Clay			
7	22	Fine Sand			
22	40	Medium Sand			
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>4-16-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>6-6-83</u> under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>M Arnold</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.					