

1 LOCATION OF WATER WELL		Fraction <b>S NW 1/4 W 1/4 NW 1/4</b>	Section Number <b>21</b>	Township Number <b>T 26 S</b>	Range Number <b>R 1E EW</b>
County: <b>SEDGWICK</b>					
Distance and direction from nearest town or city? <b>4.5 mi</b>			Street address of well if located within city?		
2 WATER WELL OWNER: <b>MID-CONTINENT CONST INC</b> <b>McClellan spec house</b>					
RR#, St. Address, Box #: <b>133 SO OAKWOOD</b> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <b>WICHITA, KANSAS</b> Application Number:					
3 DEPTH OF COMPLETED WELL: <b>40</b> ft. Bore Hole Diameter: <b>11</b> in. to ... ft., and ... in. to ... ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 11 Injection well	
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 12 Other (Specify below)	
<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 8 Air conditioning	
<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 9 Dewatering		<input type="checkbox"/> 10 Observation well	
Well's static water level: <b>15</b> ft. below land surface measured on <b>12</b> month <b>2</b> day <b>79</b> year					
Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm					
Est. Yield: Well water was ... ft. after ... hours pumping ... gpm					
4 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel		<input checked="" type="checkbox"/> 2 RMP (SR)		<input type="checkbox"/> 3 Concrete tile	
<input type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought iron	
<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Asbestos-Cement	
<input type="checkbox"/> 5 Fiberglass		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 7 Fiberglass	
<input type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 9 ABS		<input type="checkbox"/> 10 Asbestos-cement	
<input type="checkbox"/> 11 Other (specify)		<input type="checkbox"/> 12 None used (open hole)		<input checked="" type="checkbox"/> 8 Saw cut	
Blank casing dia: <b>5</b> in. to <b>25</b> ft., Dia: ... in. to ... ft., Dia: ... in. to ... ft.					
Casing height above land surface: <b>12</b> in., weight ... lbs./ft. Wall thickness or gauge No: <b>1200</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass	
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile	
<input type="checkbox"/> 7 PVC		<input checked="" type="checkbox"/> 8 RMP (SR)		<input type="checkbox"/> 10 Asbestos-cement	
<input type="checkbox"/> 11 Other (specify)		<input type="checkbox"/> 12 None used (open hole)		<input type="checkbox"/> 8 Saw cut	
Screen or Perforation Openings Are:					
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped	
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped	
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 10 Other (specify)		<input type="checkbox"/> 11 None (open hole)	
Screen-Perforation Dia: <b>5</b> in. to <b>40</b> ft., Dia: ... in. to ... ft., Dia: ... in. to ... ft.					
Screen-Perforated Intervals: From <b>25</b> ft. to <b>40</b> ft., From ... ft. to ... ft., From ... ft. to ... ft.					
Gravel Pack Intervals: From <b>15</b> ft. to <b>40</b> ft., From ... ft. to ... ft., From ... ft. to ... ft.					
5 GROUT MATERIAL: Neat cement <b>40</b> ft. to <b>14</b> ft. Cement grout <b>14</b> ft. to ... ft. Bentonite <b>14</b> ft. to ... ft. Other ... ft. to ... ft.					
Grouted Intervals: From <b>40</b> ft. to <b>14</b> ft. From ... ft. to ... ft. From ... ft. to ... ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon	
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard	
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens	
<input type="checkbox"/> 10 Fuel storage		<input type="checkbox"/> 11 Fertilizer storage		<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 12 Insecticide storage		<input type="checkbox"/> 16 Other (specify below)		<input type="checkbox"/> 15 Oil well/Gas well	
<input type="checkbox"/> 13 Watertight sewer lines		<input checked="" type="checkbox"/> NO APPARENT SOURCE		<input type="checkbox"/> 17 Other (specify below)	
Direction from well ... How many feet ... ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted ... month ... day ... year: Pump installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
If Yes: Pump Manufacturer's name: <b>JACUZZI</b> Model No: <b>754C</b> HP: <b>3/4</b> Volts: <b>230</b>					
Depth of Pump Intake: <b>30</b> ft. Pumps Capacity rated at <b>18</b> gal./min.					
Type of pump: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>12</b> month <b>2</b> day <b>1979</b> year					
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 <b>2</b> month <b>8</b> day <b>1980</b> year under the business name of <b>Harv Well Pump Service, Inc.</b> by (signature) <b>M. Arnold</b>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 3 Topsoil			
		3 13 Clay			
		13 25 FINE SAND			
		25 40 MED SAND			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <b>15</b> ft. 2. ... ft. 3. ... ft. 4. ... ft. (Use a second sheet if needed)					

OFFICE USE ONLY

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R

1

EW

SEC.

21

NW 1/4 SW 1/4 NE 1/4 SE 1/4