

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		SW ¼ SW ¼ SE ¼	28	T 26 S	R 1 E EW
Distance and direction from nearest town or city street address of well if located within city? 82 ft. West, 338 ft. North, SE Corner					
<b>2 WATER WELL OWNER:</b>		H. Emerson Thomas Continental Tank Car Corporation P.O. BOX 550, Westfield, New Jersey 07091 Application Number:			
RR#, St. Address, Box # : City, State, ZIP Code :					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL.....44..... ft. ELEVATION: .....</b>				
	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.				
	WELL'S STATIC WATER LEVEL ....16'10"ft. below land surface measured on mo/day/yr .....8-24-88.....				
	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... 4½....in. to .....ft., and.....in. to .....ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well ..... MW.#. 2-88.....					
Was a chemical/bacteriological sample submitted to Department? Yes.....No...X.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No X					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued ..... Clamped .....	
2 PVC Sch 40 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded .....	
		7 Fiberglass		Threaded.....	
Blank casing diameter .....2.....in. to .....30.....ft., Dia.....in. to .....ft., Dia.....in. to .....ft.					
Casing height above land surface.12" above ground level.....71.6.....lbs./ft. Wall thickness or gauge No. ....154.....					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel 3 Stainless steel		5 Fiberglass		7 PVC 10 Asbestos-cement	
2 Brass 4 Galvanized steel		6 Concrete tile		8 RMP (SR) 11 Other (specify) .....	
				9 ABS 12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
1 Continuous slot 3 Mill slot		5 Gauzed wrapped		8 Saw cut 11 None (open hole)	
2 Louvered shutter 4 Key punched		6 Wire wrapped		9 Drilled holes	
		7 Torch cut 44		10 Other (specify) .....	
<b>SCREEN-PERFORATED INTERVALS:</b> From.....30.....ft. to .....44.....ft., From.....ft. to.....ft.					
From.....ft. to.....ft., From.....ft. to.....ft.					
<b>GRAVEL PACK INTERVALS:</b> From.....23.....ft. to .....44.....ft., From.....ft. to.....ft.					
From.....ft. to.....ft., From.....ft. to.....ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....Hole Plug					
Grout Intervals: From.....0.....ft. to .....23.....ft., From.....ft. to.....ft., From.....ft. to.....ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines		7 Pit privy		10 Livestock pens 14 Abandoned water well	
2 Sewer lines 5 Cess pool		8 Sewage lagoon		11 Fuel storage 15 Oil well/Gas well	
3 Watertight sewer lines 6 Seepage pit		9 Feedyard		12 Fertilizer storage 16 Other (specify below)	
				13 Insecticide storage possible VOC's	
Direction from well? approximately ½ mile SW How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	8	Black & Brown Clay			
8	17	Brown Clay			
17	28	Fine to coarse Sand to Very Coarse Gravel			
28	30	Tan Clay			
30	35	Very Fine to Coarse Sand to Medium Gravel			
35	44	Coarse Sand to Very Coarse Gravel			
44	45	Blue Shale			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .....9-2-88..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....236..... This Water Well Record was completed on (mo/day/yr) .....1-30-89..... under the business name of Harp Well & Pump Service, Inc. by (signature) Mary Arnold					
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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					