WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction						Section Number	Township Number	Range Number
	County: SEDGWICK	SW	¼	SW	¼	SE	¼	31	T 26 S	R 1 E E/W

Distance and direction from nearest town or city street address of well if located within city?

1662 West 37th North   Wichita, Kansas

2 | WATER WELL OWNER: Bob Anderson
RR#, St. Address, Box # : 1662 West 37th North
City, State, ZIP Code   : Wichita, Kansas

Board of Agriculture, Division of Water Resources
Application Number:

3 | LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
            N
  +----+----+
  |    |    |
  -- NW -- -- NE --
  |    |    |
W +----+----+ E
  |    |    |
  -- SW -- -- SE --
  |    |    |
  +----+----+
       S
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1 Mile (left side)

4 | DEPTH OF COMPLETED WELL 40.....40.... ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1......16.........ft. 2.............ft. 3...............ft.

WELL'S STATIC WATER LEVEL ....16.... ft. below land surface measured on mo/day/yr .8-9-84..........

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield .....11 gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter...11.....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 Observation well   ....

Was a chemical/bacteriological sample submitted to Department? Yes...........No....X......; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X   No

5 | TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)
		7 Fiberglass	Cer-Mac styrene SDR-26

CASING JOINTS: Glued .. XX. Clamped......
Welded...................
Threaded...................

Blank casing diameter ......5.....in. to .....20.... ft, Dia ....in. to ....ft, Dia ....in. to ......ft.

Casing height above land surface......12..........in., weight ....1.59.............lbs./ft. Wall thickness or gauge No. .203...........

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	8 RMP (SR)	11 Other (specify)...................
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From....20....ft. to....40....ft., From..........ft. to..........ft.
From..........ft. to..........ft., From..........ft. to..........ft.

GRAVEL PACK INTERVALS: From...14....ft. to....40....ft., From..........ft. to..........ft.
From..........ft. to..........ft., From..........ft. to..........ft.

6 | GROUT MATERIAL: 1 Neat cement   2 Cement grout   3 Bentonite   4 Other ....

Grout Intervals: From......4.....ft. to....14....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	

Direction from well?   West   How many feet? 85

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	9	01 Clay			
9	22	07 Fine Sand			
22	40	08 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) ..8-9-84......... 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) .12-30-84...........

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.