

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		SW <sub>4</sub> SW <sup>1</sup> / <sub>4</sub> NW <sup>1</sup> / <sub>4</sub>	<u>13</u> <u>25</u>	T <u>26</u> S	R <u>1</u> E E/W
Distance and direction from nearest town or city street address of well if located within city?					
<u>4220 North Oliver Wichita, Kansas</u>					
<b>2 WATER WELL OWNER:</b> Gospel Assembly Church					
RR#, St. Address, Box # : <u>4220 North Oliver</u>					
City, State, ZIP Code : <u>Wichita, Kansas</u>					
Board of Agriculture, Division of Water Resources Application Number:					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>155</u> ft. <b>ELEVATION:</b> _____			
		Depth(s) Groundwater Encountered 1. <u>62</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>62</u> ft. below land surface measured on mo/day/yr <u>9-6-84</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: 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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
2 PVC		<u>4 ABS</u>	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass	<u>Cer-Mac styrene SDR-26</u>	Threaded _____
Blank casing diameter _____ in. to <u>65</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>.203</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass		4 Galvanized steel	6 Concrete tile	<u>9 ABS</u>	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	<u>9 Drilled holes</u>	
			7 Torch cut	10 Other (specify) _____	
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>65</u> ft. to <u>155</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From <u>14</u> ft. to <u>155</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement = <u>2 Cement grout</u> 3 Bentonite 4 Other _____					
Grout Intervals: From <u>4</u> ft. to <u>14</u> 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	<u>None apparent</u>
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	11	Clay			
11	155	Gray Shale			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-6-84</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>2-1-85</u> under the business name of <u>Harp Well &amp; Pump Service, Inc.</u> by (signature) <u>Mary 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.					