

1 LOCATION OF WATER WELL County: <u>Sedgwick</u>	Fraction <u>NW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>6</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E</u>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	Estate of Frankie Hartenstine and Estate of William Hartenstine 2609 N. Clarence Wichita, KS 67204 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>999</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 999 ft. below land surface measured on mo/day/yr _____

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 _____ in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
6 Oil field water supply	9 Dewatering	12 Other (Specify below)
7 Lawn and garden only	10 Monitoring 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:	5 Wrought iron	8 Concrete tile
1 Steel	6 Asbestos-Cement	CASING JOINTS: Glued _____ Clamped _____
2 PVC	7 Fiberglass	Welded _____ Threaded _____
3 RMP (SR)		
4 ABS		
Blank casing diameter <u>4 1/2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height above land surface <u>2</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		
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) <u>NA</u>
		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
		10 Other (specify) <u>NA</u>
		11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout
	3 Bentonite	4 Other _____
Grout intervals: From <u>5'</u> ft. to <u>0</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
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>NONE</u>

Direction from well?	How many feet?	LITHOLOGIC LOG
FROM TO	FROM TO	PLUGGING INTERVALS
WELL # 2 - Sand point	<u>999</u> <u>0</u>	<u>CONCRETE</u>
BOTH WELLS HAD WELL PIPES REMOVED - DOWN 5 FEET AND COMPLETELY FILLED WITH CONCRETE TO SURFACE.		

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>8-4-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Paul R. Brown & Assoc., Inc.</u> by (signature) <u>Shawn Jackson</u>	
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INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.