

1 LOCATION OF WATER WELL:		Fraction <u>NW</u> <u>NE</u> <u>SE</u> <u>SW</u>	Section Number <u>7</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1E</u> <u>EW</u>				
County: <u>Sedgwick</u>									
Distance and direction from nearest town or city street address of well if located within city? <u>1571 N. Clarence Wichita, Ks.</u>									
2 WATER WELL OWNER: <u>Bill Hay</u>		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box #: <u>1571 N. Clarence</u>		Application Number:							
City, State, ZIP Code: <u>Wichita, Ks.</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>40</u> ft. ELEVATION: _____							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. _____ ft. 3. _____ ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>17</u> ft. below land surface measured on mo/day/yr <u>5-11-89</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 <u>40</u> 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 <u>7 Lawn and garden only</u> 10 Monitoring 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 _____					
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____					
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below)		Welded _____					
2 PVC 4 ABS		7 Fiberglass <u>Cer-Mac styrene SDR-26</u>		Threaded _____					
Blank casing diameter <u>5</u> in. to <u>25</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>									
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement		11 Other (specify) _____					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		9 ABS 12 None used (open hole)							
2 Brass 4 Galvanized steel 6 Concrete tile									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)							
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>25</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard									
Direction from well? <u>South</u>		How many feet? <u>10</u>							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	3	topsoil							
3	12	clay							
12	25	fine sand							
25	40	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) <u>5-11-89</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>6-7-89</u> under the business name of <u>Harp Well and 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 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.									

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