	WATER WELL RECORD	Form WWC-5	KSA 82a-121	12		
LOCATION OF WATER WELL:	Fraction	1 2	Number	Township Number	Range Number	
County: SEDGWICK	NW 1/4 SE 1/4 S	SE 1/4 2.	<u> </u>	T 27 S	R I E E/W	
<del></del>	Wichita, Ka	•				
_	en Contractors					
RR#, St. Address, Box # : 1623 South Mead			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Wichita, Kansas		40	Application Number:			
LOCATE WELL'S LOCATION WITH 4 I AN "X" IN SECTION BOX:	DEPTH OF COMPLETED WELL. pth(s) Groundwater Encountered	40 ft.	. ELEVATION	N: ft	3	
NW NE Est Bor WE	Pump test data: Well was to Yield	ater was ater was to 5 Public water sup 6 Oil field water sup 7 Lawn and garde le submitted to Depart  8 Concrete til nt 9 Other (spec	trand surface  ft. after  ft. after  ft., and  pply 8 A  supply 9 7 7  en only 10 C  tment? Yes  Water V  ile  cify below)  Yrene S   Ibs./ft. W	hours	pumping gpm pumping gpm .in. to ft.  1 Injection well 2 Other (Specify below)  es, mo/day/yr sample was sub- X No ued Clamped elded readed readed in. to ft. No. • 203 ment fy)	
		e wrapped	$\widetilde{\mathbf{y}}$			
2 Louvered shutter 4 Key p		rch cut 40		` ' ' ' ' '		
GRAVEL PACK INTERVALS:	From	40	ft., From ft., From	ft	. to	
	From ft. to				. to ft.	
GROUT MATERIAL: 1 Neat ceme		3 Bentonite				
Grout Intervals: From4 ft. to						
What is the nearest source of possible cont			10 Livestock		Abandoned water well	
1 Septic tank 4 Lateral lin	· · · · · · · · · · · · · · · · · · ·			age 15		
2 Sewer lines 5 Cess poo		-	12 Fertilizer s	-	Other (specify below)	
3 Watertight sewer lines 6 Seepage	pit 9 Feedyard		13 Insecticide	~ ~ ~	•••••••••••••••••••••••••••••••••••••••	
Direction from well? East	LITHOLOGIC LOG		How many fe			
		FROM T	го	LITHOLO	OGIC LOG	
Topsoil						
3   Clay		-				
) — ·	nd					
17   25   Medium S						
	Sand					
30 40 Gray Sha	ale					
					4	
CONTRACTOR'S OR LANDOWNER'S O	CERTIFICATION: This water well	was (1) constructed,	(2) reconstru	ucted, or (3) plugged u	nder my jurisdiction and was	
completed on (mo/day/year)	9-85	and	this record is	true to the best of my l	knowledge and belief. Kansas	
under the business name of	arp Well & Pump S	erivce, Inc	v (signature)	mary a	rnold)	
INSTRUCTIONS: Use typewriter or ball point three copies to Kansas Department of Health OWNER and retain one for your records.	it pen, <u>PLEASE PRESS_FIRMLY</u> a	and <i>PRINT</i> clearly. Ple	ease fill in bla	nks, underline or circle	the correct answers. Send top	