

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number					
County: <u>Sedgwick</u>		NW 1/4 SW 1/4 SW 1/4		24		T 27 S		R 2E E/W					
Distance and direction from nearest town or city street address of well if located within city? <u>250 Cardinal Ln. (approx. 54 Hwy & 143rd E.) Wichita, Kansas</u>													
2 WATER WELL OWNER: <u>Stewart, Don</u>					Board of Agriculture, Division of Water Resources								
RR#, St. Address, Box # : <u>250 Cardinal Lane</u>					Application Number:								
City, State, ZIP Code : <u>Wichita, Kansas</u>													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>95</u> ft. ELEVATION: _____ ft.										
N 1 Mile W E S <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. _____ ft. 2. _____ ft. 3. _____ ft.						
			NW	NE									
			SW	SE									
			WELL'S STATIC WATER LEVEL <u>50</u> ft. below land surface measured on mo/day/yr <u>7-23-91</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>95</u> 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 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:													
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____													
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____													
Blank casing diameter <u>5</u> in. to <u>50</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface <u>12</u> in., weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>214</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____													
2 Brass 4 Galvanized steel 6 Concrete tile 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 <u>50</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft.													
From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>95</u> 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 <u>4</u> ft. to <u>24</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>95</u>													
Direction from well? <u>Southeast</u> How many feet? _____													
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS			
0		3		topsoil									
3		6		clay									
6		47		brown shale									
47		95		grey shale									
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>7-23-91</u> and this record is true to the best of my knowledge and belief. Kansas													
Water Well Contractor's License <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>11-13-91</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 two 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.													