

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction <u>NE NE SW SW</u>	Section Number <u>27</u>	Township Number T <u>28</u> S	Range Number R <u>1 E</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1915 E. 61st St. So. Wichita, Ks.</u>					
2 WATER WELL OWNER: Scott Gordon RR#, St. Address, Box # : <u>3232 So. Clifton Lot 467</u> City, State, ZIP Code : <u>Wichita, Kansas</u>		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.....27..... ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1..... <u>13</u>ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL... <u>13</u>ft. below land surface measured on mo/day/yr .. <u>6-12-84</u> Pump test data: Well water wasft. after hours pumping gpm Est. Yield gpm: Well water wasft. after hours pumping gpm Bore Hole Diameter.. <u>11</u>in. toft., and.....in. toft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>1 Domestic</u> 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			
		5 TYPE OF BLANK CASING USED:			
		Blank casing diameter <u>5</u>in. to <u>20</u>ft., Dia.....in. toft., Dia.....in. toft. 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:			
SCREEN OR PERFORATION OPENINGS ARE:		SCREEN-PERFORATED INTERVALS:			
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From..... <u>0</u>ft. to <u>10</u>ft., From.....ft. to.....ft., From.....ft. to.....ft.					
What is the nearest source of possible contamination:					
Direction from well?					
How many feet?					
LITHOLOGIC LOG					
LITHOLOGIC LOG					
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>6-12-84</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>10-5-84</u> under the business name of <u>Harp Well & 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.					