

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	SW 1/4 SE 1/4 SE 1/4	28	T 28 S	R 1 E EW

Distance and direction from nearest town or city? _____ Street address of well if located within city?
1300 E. 63rd St. S. Wichita, Ks.

2 WATER WELL OWNER: **Aggregate Sand Co.**
 RR#, St. Address, Box # : **1300 E. 63rd St. S.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Wichita, Ks.** Application Number: _____

3 DEPTH OF COMPLETED WELL **45** ft. Bore Hole Diameter **11** in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well **Gravel Washer Supply Well**
 Well's static water level **12** ft. below land surface measured on _____ 6 month _____ 4 day **80** year
 Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia **6** in. to **2.5** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **12** in. weight **3.96** lbs./ft. Wall thickness or gauge No. **316**

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-Perforation Dia **6** in. to **4.5** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **2.5** ft. to **4.5** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **10** ft. to **4.5** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **No apparent source for 10 foot diameter** 14 Abandoned water well
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines **None Apparent**
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample
 was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on **6** month **4** day **80** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **236**
 This Water Well Record was completed on **7** month **15** day **1980** year under the business
 name of **Harp Well & Pump** by (signature) *M. Arnold*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Sandy Topsoil			
	3	5	Grey S Clay			
	5	20	Fine Sand			
	20	37	Coarse Sand			
	37	45	Blue Shale			

ELEVATION: _____
 Depth(s) Groundwater Encountered **1** **12** ft. **2** _____ ft. **3** _____ ft. **4** _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 28 R 1
SEC. 28
SW 1/4 SE 1/4 SE 1/4