

1 LOCATION OF WATER WELL:		Fraction <u>SW SW NW SW</u>	Section Number <u>31</u>	Township Number <u>T 28 S</u>	Range Number <u>R 1E</u> EW				
County: <u>Sedgwick</u>									
Distance and direction from nearest town or city street address of well if located within city?									
<u>1515 Sandlewood Haysville, Ks.</u>									
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box # :		Application Number:							
City, State, ZIP Code :									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.....60..... ft. ELEVATION:							
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><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.....29..... ft. 2..... ft. 3..... ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL ... 29..... ft. below land surface measured on mo/day/yr <u>4-27-89</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.....11.....in. toft., and.....in. toft.									
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 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					
		7 Fiberglass <u>Cer-Mac styrene SDR-26</u>		Threaded					
Blank casing diameter5.....in. to40..... ft., Dia.....in. toft., Dia.....in. toft.									
Casing height above land surface.....12.....in., weight.....1.59..... lbs./ft. Wall thickness or gauge No.203.....									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify)							
		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									
		10 Other (specify)							
SCREEN-PERFORATED INTERVALS: From.....40..... ft. to60..... ft., From..... ft. to..... ft.									
From..... ft. to..... ft., From..... ft. to..... ft.									
GRAVEL PACK INTERVALS: From.....24..... ft. to60..... ft., From..... ft. to..... ft.									
From..... ft. to..... ft., From..... ft. to..... ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other									
Grout Intervals: From.....4..... ft. to24..... 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									
Direction from well? <u>East</u> How many feet? <u>20</u>									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	3	topsoil							
3	27	clay							
27	32	fine sand							
32	60	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>4-27-89</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>6-1-89</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 top 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.									