

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number					
County: SEDGWICK		SE 1/4 SE 1/4 SE 1/4		3 4		T 28 S		R 1 E E/W					
Distance and direction from nearest town or city street address of well if located within city? 7058 S. Lorraine Wichita, Ks.													
2 WATER WELL OWNER: John Maksimowicz													
RR#, St. Address, Box # : 7058 S. Lorraine Board of Agriculture, Division of Water Resources													
City, State, ZIP Code : Wichita, Kansas Application Number:													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION:											
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. 15 ft. 2. ft. 3. ft.							
		NW	NE										
		SW	SE										
		WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 5-22-84											
		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. to ft., and in. to ft.											
		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 Observation well											
		Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted											
		Water Well Disinfected? Yes ☒ No											
5 TYPE OF BLANK CASING USED:													
1 Steel 3 <u>RMP (SR)</u> 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ☒ Clamped													
2 PVC 4 <u>ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded													
Blank casing diameter 5 in. to 20 ft., Dia. in. to ft., Dia. in. to ft.													
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 7 PVC 10 Asbestos-cement													
2 Brass 4 Galvanized steel 6 Concrete tile 8 <u>RMP (SR)</u> 11 Other (specify)													
SCREEN OR PERFORATION OPENINGS ARE:													
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole)													
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 <u>Drilled holes</u>													
7 Torch cut 10 Other (specify)													
SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft., From ft. to ft.													
GRAVEL PACK INTERVALS: From 14 ft. to 30 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. to 14 ft., From ft. to ft., From ft. to ft.													
What is the nearest source of possible contamination:													
1 <u>Septic tank</u> 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well													
2 <u>Sewer lines</u> 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? East How many feet? 65													
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG							
0	3	Topsoil											
3	8	Clay											
8	21	Fine Sand											
21	30	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) 5-22-84 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 (mo/day/yr) 5-31-84													
under the business name of Harp Well & Pump Service, Inc. by (signature) <i>Mary Arnold</i>													
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underlining 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.													