

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                 |                |                                             |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|-------------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction                                                                                        | Section Number | Township Number                             | Range Number            |
| County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | <u>SE 1/4</u> <u>NE 1/4</u> <u>NE 1/4</u>                                                       | <u>8</u>       | <u>T 28</u> <u>S</u>                        | <u>R 2 E</u> <u>E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3333 S. Webb Rd.</u> <u>Wichita, Ks.</u>                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                |                                             |                         |
| <b>2 WATER WELL OWNER:</b> <u>Linda Patrick</u><br>RR#, St. Address, Box # : <u>3333 S. Webb Rd.</u> Board of Agriculture, Division of Water Resources<br>City, State, ZIP Code : <u>Wichita, Kansas</u> Application Number:                                                                                                                                                                                                                                                                                              |    |                                                                                                 |                |                                             |                         |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | <b>4 DEPTH OF COMPLETED WELL:</b> <u>95</u> ft. <b>ELEVATION:</b> .....                         |                |                                             |                         |
| <div style="text-align: center;"><p>1 Mile</p></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. .... ft. 3. .... ft.                       |                |                                             |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr <u>5-25-84</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 ..... 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... <u>X</u> .....; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                 |                |                                             |                         |
| Water Well Disinfected? Yes <u>X</u> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                 |                |                                             |                         |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                 |                |                                             |                         |
| 1 Steel    3 <u>RMP (SR)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 5 Wrought iron    8 Concrete tile                                                               |                | CASING JOINTS: Glued <u>X</u> Clamped ..... |                         |
| 2 PVC    4 <u>ABS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | 6 Asbestos-Cement    9 Other (specify below)                                                    |                | Welded .....                                |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 7 Fiberglass <u>Cer-Mac styrene SDR-26</u>                                                      |                | Threaded .....                              |                         |
| Blank casing diameter ..... <u>5</u> in. to ..... <u>35</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                 |                |                                             |                         |
| Casing height above land surface ..... <u>12</u> in., weight ..... <u>1.59</u> lbs./ft. Wall thickness or gauge No. .... <u>203</u>                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                 |                |                                             |                         |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                 |                |                                             |                         |
| 1 Steel    3 Stainless steel    5 Fiberglass    8 <u>RMP (SR)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | 7 PVC    10 Asbestos-cement                                                                     |                |                                             |                         |
| 2 Brass    4 Galvanized steel    6 Concrete tile    9 <u>ABS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | 11 Other (specify) .....                                                                        |                | 12 None used (open hole)                    |                         |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                 |                |                                             |                         |
| 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 <u>Drilled holes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                 |                |                                             |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 7 Torch cut    10 Other (specify) .....                                                         |                |                                             |                         |
| <b>SCREEN-PERFORATED INTERVALS:</b> From ..... <u>35</u> ft. to ..... <u>95</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                 |                |                                             |                         |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                 |                |                                             |                         |
| <b>GRAVEL PACK INTERVALS:</b> From ..... <u>14</u> ft. to ..... <u>95</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                 |                |                                             |                         |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                 |                |                                             |                         |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement    2 <u>Cement grout</u> 3 Bentonite    4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                 |                |                                             |                         |
| Grout Intervals: From ..... <u>4</u> ft. to ..... <u>14</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>None Apparent</u>                                                     |                |                                             |                         |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                 |                |                                             |                         |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO | LITHOLOGIC LOG                                                                                  | FROM           | TO                                          | LITHOLOGIC LOG          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3  | Topsoil                                                                                         |                |                                             |                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16 | Clay                                                                                            |                |                                             |                         |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 95 | Grey Shale                                                                                      |                |                                             |                         |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>5-25-84</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>5-31-84</u> under the business name of <u>Harp Well &amp; Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u> |    |                                                                                                 |                |                                             |                         |
| INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.                                                                                                                                        |    |                                                                                                 |                |                                             |                         |