

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>	<u>SW 1/4 NW 1/4 NW 1/4</u>	<u>24</u>	<u>T 28 S</u>	<u>R 2 E E/W</u>

Distance and direction from nearest town or city? _____ Street address of well if located within city?
14531 W. 49th St. S., Wichita, Ks.

2 WATER WELL OWNER: Greg White
 RR#, St. Address, Box #: 2206 W. McArthur, Lot 166 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Wichita, Ks. Application Number: _____

3 DEPTH OF COMPLETED WELL 95 ft. 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
 Well's static water level 30 ft. below land surface measured on _____ 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 5 in. to 35 ft., Dia 5 in. to 75 ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 2.00
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 5 Gauzed wrapped 8 Saw cut .06 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia 5 in. to 45 ft., Dia 5 in. to 95 ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 35 ft. to 45 ft., From _____ ft. to _____ ft.
 From 75 ft. to 95 ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 14 ft. to 95 ft., From _____ ft. to _____ 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 40 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool Septic System not installed at this time. 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 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 _____ month 10 day 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 _____ month 12 day 1 day 1980 year under the business
 name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	Topsoil		
	3	30	Clay			
	30	48	Fine Sand			
	48	75	Clay			
	75	95	Grey Shale			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 35 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.

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