

(E)

1 LOCATION OF WATER WELL		Fraction <u>SW SE SE NE</u>		Section Number <u>8 8</u>		Township Number <u>T 29 S</u>		Range Number <u>R 1 E</u>	
County: <u>Sedgwick</u>		<u>1/4 NW 1/4 SE 1/4</u>							
Distance and direction from nearest town or city? <u>South on 81st highway</u>				Street address of well if located within city? <u>201 E 83rd St. S</u>					

2 WATER WELL OWNER: <u>Bob McElarry</u>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box # <u>201 E 83rd St</u>		Application Number:	
City, State, ZIP Code <u>Wichita</u>			

3 DEPTH OF COMPLETED WELL: <u>30</u> ft. Bore Hole Diameter: <u>8</u> in. to _____ ft. and _____ in. to _____ ft.	
Well Water to be used as:	
1 Domestic	3 Feedlot
2 Irrigation	4 Industrial
5 Public water supply	6 Oil field water supply
7 <u>Lawn and garden only</u>	8 Air conditioning
9 Dewatering	10 Observation well
11 Injection well	12 Other (Specify below)
Well's static water level: <u>16</u> ft. below land surface measured on _____ month <u>25</u> day <u>81</u> year	
Pump Test Data	Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield <u>10</u> gpm	Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____			
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded _____			
Blank casing dia. <u>4 5</u> in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.		Casing height above land surface: <u>12</u> in. weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>1/4</u>					
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:				5 Gauzed wrapped		8 <u>Saw cut</u>	
1 Continuous slot		3 Mill slot	6 Wire wrapped	9 Drilled holes		11 None (open hole)	
2 Louvered shutter		4 Key punched	7 Torch cut	10 Other (specify)			
Screen-Perforation Dia. <u>5</u> in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.							
Screen-Perforated Intervals:		From _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft.					
Gravel Pack Intervals:		From _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft. to _____ ft.					

5 GROUT MATERIAL: <u>1 Neat cement</u>		2 Cement grout		3 Bentonite		4 Other	
Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well			
2 <u>Sewer lines</u>	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well			
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)			
Direction from well <u>North</u>		How many feet <u>50</u>		Water Well Disinfected? Yes ☒ No ☐			
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒				If yes, date sample was submitted _____ month _____ day _____ year			
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 <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>313 A</u>	
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Jet Drilling</u> by (signature) <u>Verde Sanderson</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	1	Top Soil brown SAND white gravel			
	1	16				
	16	30				

ELEVATION: _____

Depth(s) Groundwater Encountered <u>1. 16</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.		(Use a second sheet if needed)
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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.