

<b>1 LOCATION OF WATER WELL</b>	Fraction NW ¼ NE ¼ NW ¼	Section Number 5	Township Number T 29 S	Range Number R 1 E E/W
County: <b>SEDGWICK</b>		Distance and direction from nearest town or city?		
Street address of well if located within city? <b>249 Delos, Haysville, Ks.</b>				
<b>2 WATER WELL OWNER:</b>				
RR#, St. Address, Box # : <b>249 Delos</b>		Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Haysville, Ks.</b>		Application Number:		
<b>3 DEPTH OF COMPLETED WELL</b> 50 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
2 Irrigation 4 Industrial		7 Lawn and garden only		12 Other (Specify below)
Well's static water level . . . . . 15 . . . . . ft. below land surface measured on . . . . . 4 . . . . . month 6 . . . . . day 81 . . . . . year				
Pump Test Data : Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm				
Est. Yield gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm				
<b>4 TYPE OF BLANK CASING USED:</b>				
5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . . . .
1 Steel 3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) <b>Cer-Mac</b> Welded . . . . .
2 PVC 4 ABS		7 Fiberglass		SDR-26 <b>Styrene</b> Threaded . . . . .
Blank casing dia . . . . . 5 . . . . . in. to . . . . . 30 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.				
Casing height above land surface . . . . . 12 . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No . . . . . 203				
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>				
7 PVC		10 Asbestos-cement		Same
1 Steel 3 Stainless steel		5 Fiberglass		8 RMP (SR)
2 Brass 4 Galvanized steel		6 Concrete tile		9 ABS
11 Other (specify) . . . . . SDR-26		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 . . . . . 50 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.				
Screen-Perforated Intervals: From . . . . . 30 . . . . . ft. to . . . . . 50 . . . . . ft., From . . . . . ft. to . . . . . ft. to . . . . . ft.				
Gravel Pack Intervals: From . . . . . 14 . . . . . ft. to . . . . . 50 . . . . . ft., From . . . . . ft. to . . . . . ft. to . . . . . ft.				
<b>5 GROUT MATERIAL:</b>				
1 Neat cement		2 Cement grout		3 Bentonite
4 Other				
Grouted Intervals: From . . . . . 40" . . . . . ft. to . . . . . 14 . . . . . ft., From . . . . . ft. to . . . . . ft. to . . . . . ft.				
What is the nearest source of possible contamination:				
1 Septic tank 4 Cess pool		7 Sewage lagoon		10 Fuel storage
2 Sewer lines 5 Seepage pit		8 Feed yard		11 Fertilizer storage
3 Lateral lines 6 Pit privy		9 Livestock pens		12 Insecticide storage
				13 Watertight sewer lines
14 Abandoned water well		15 Oil well/Gas well		
16 Other (specify below)				
Direction from well . . . . . West . . . . . How many feet . . . . . 75 . . . . . ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No				
Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <input checked="" type="checkbox"/> If yes, date sample was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes . . . . . No <input checked="" type="checkbox"/>				
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				
<b>6 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 . . . . . 4 . . . . . month . . . . . 6 . . . . . day . . . . . 81 . . . . . 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 . . . . . 5 . . . . . month . . . . . 30 . . . . . day . . . . . 81 . . . . . year under the business name of <b>Harp Well &amp; Pump Serv., Inc.</b> by (signature) <i>M. Arnold</i>				
<b>7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>LITHOLOGIC LOG</b>		
		FROM	TO	LITHOLOGIC LOG
		0	3	Topsoil
		3	11	Clay
		11	30	Fine Sand
		30	50	Medium Sand
ELEVATION:				
Depth(s) Groundwater Encountered 1. . . . . 15 . . . . . ft. 2 . . . . . ft. 3 . . . . . ft. 4 . . . . . ft. (Use a second sheet if needed)				

OFFICE USE ONLY  
T  
29  
R  
SEC.  
5  
NW ¼  
NE ¼  
SW ¼  
SE ¼

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.