

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |                                  |  |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|----------------------------------|--|---------------------------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fraction<br><u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Section Number<br><u>8</u> |  | Township Number<br><u>T 29 S</u> |  | Range Number<br><u>R 1E E/W</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>226 W. 82nd St. So. Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |                                  |  |                                 |  |
| 2 WATER WELL OWNER: <u>Ammann, Melvin</u><br>RR#, St. Address, Box # : <u>226 W. 82nd So.</u><br>City, State, ZIP Code : <u>Wichita, Kansas 67233</u><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |                                  |  |                                 |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                     | 4 DEPTH OF COMPLETED WELL: <u>28</u> ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.<br>WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>6-20-91</u><br>Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Bore Hole Diameter. . . . . <u>11</u> in. to . . . . . <u>28</u> ft., and . . . . . in. to . . . . . ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes. . . . . No. <u>X</u> . . . . . If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>X</u> No |                            |  |                                  |  |                                 |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped . . . . .<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .<br>7 Fiberglass <u>SDR-26</u> Threaded. . . . .<br>Blank casing diameter . . . . . <u>5</u> in. to . . . . . <u>21</u> ft., Dia. . . . . in. to . . . . . ft., Dia. . . . . in. to . . . . . ft.<br>Casing height above land surface. . . . . <u>12</u> in., weight . . . . . <u>2.29</u> lbs./ft. Wall thickness or gauge No. . . . . <u>214</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) . . . . .<br>12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) . . . . .<br>SCREEN-PERFORATED INTERVALS: From . . . . . <u>21</u> ft. to . . . . . <u>28</u> ft., From . . . . . ft. to . . . . . ft.<br>From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.<br>GRAVEL PACK INTERVALS: From . . . . . <u>20</u> ft. to . . . . . <u>28</u> ft., From . . . . . ft. to . . . . . ft.<br>From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft. |  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |                                  |  |                                 |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>Grout Intervals: From . . . . . <u>4</u> ft. to . . . . . <u>24</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>13 Insecticide storage<br>Direction from well? <u>North</u> How many feet? <u>50</u><br>FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS<br>0 3 topsoil<br>3 18 fine sand<br>18 19 clay<br>19 28 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) . . . . . <u>6-20-91</u> . . . . . and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. . . . . <u>236</u> . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . <u>10-6-91</u><br>under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u><br>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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |                                  |  |                                 |  |