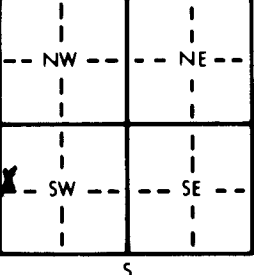


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SW</u> 1/4 <u>NW</u> 1/4 <u>SW</u> 1/4	<u>9</u>	<u>T</u> <u>29</u> <u>S</u>	<u>R</u> <u>1E</u> <u>(EW)</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>8552 S. Broadway Wichita, Ks.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		<u>8552 S. Broadway</u>			
City, State, ZIP Code :		<u>Wichita, Ks.</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>27</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>10</u> ft. 2. <u>10</u> ft. 3. <u>10</u> ft.			
		WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>12-7-89</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:			
1 Domestic		3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)
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 _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____	
1 Steel		3 RMP (SR)	6 Asbestos-Cement	Welded _____	
2 PVC		4 ABS	7 Fiberglass	Cer-Mac styrene SDR-26 Threaded _____	
Blank casing diameter <u>5</u> 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>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement		
1 Steel		3 Stainless steel	5 Fiberglass	<u>8 RMP (SR)</u>	
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	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-PERFORATED INTERVALS: From <u>17</u> ft. to <u>27</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>27</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>4</u> ft. to <u>16</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens	14 Abandoned water well		
1 Septic tank		4 Lateral lines	7 Pit privy	11 Fuel storage	
<u>2 Sewer lines</u>		5 Cess pool	8 Sewage lagoon	15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	
				13 Insecticide storage	
Direction from well? <u>NE</u>		How many feet? <u>100</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			
3	11	clay			
11	23	fine sand			
23	27	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>12-7-89</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>4-30-90</u> under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u>					
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					