

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>9</u>	<u>T 29 S</u>	<u>R 1 E EXX</u>

Distance and direction from nearest town or city? _____ Street address of well if located within city?
8333 S. Hydraulic Wichita, Kansas

2 WATER WELL OWNER: Tom Schueneman
 RR#, St. Address, Box # : 8333 S. Hydraulic Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Wichita, Kansas Application Number: _____

3 DEPTH OF COMPLETED WELL 50 ft. Bore Hole Diameter 14 in. to _____ ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level 9 ft. below land surface measured on 5 month 9 day 1979 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: X Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia 8 in. to 30 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 5.47 lbs./ft. Wall thickness or gauge No. 332
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 160 PSI 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut .06 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia 8 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. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 50 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 0 ft. to 10 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 Sewer lines 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)
 13 Watertight sewer lines No apparent source
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes X No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 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 5 month 9 day 1979 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 8 month 30 day 1979 year under the business
 name of Harp Well & Pump Service, Inc. by (signature) M. Arnold

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0	4	Sandy Loam Topsoil								
4		28	Fine Sand									
28		48	Coarse Sand									
48		50	Blue Shale									

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ 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.

OFFICE USE ONLY
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SEM
SEC
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SE 1/4
SE 1/4
SE 1/4
NE 1/4