

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>SEDGWICK</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>16</u>	<u>T 29 S</u>	<u>R-1 E</u>		
Distance and direction from nearest town or city? <u>3-MILES SOUTH WICHITA</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>WALTER SHOUP</u>							
RR#, St. Address, Box #: <u>9131 NATTIE COURT</u>							
City, State, ZIP Code: <u>WICHITA KANSAS - 67233</u>							
3 DEPTH OF COMPLETED WELL: <u>90</u> ft. Bore Hole Diameter: <u>8 1/2</u> in. to <u>14</u> ft. and <u>6 1/2</u> in. to <u>90</u> ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)		
2 Irrigation		4 Industrial	7 Lawn and garden only	10 Observation well			
Well's static water level: <u>2.5</u> ft. below land surface measured on <u>TIME</u> month <u>5</u> day <u>8.2</u> 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)	6 Asbestos-Cement	9 Other (specify below)			
2 PVC		4 ABS	7 Fiberglass				
Blank casing dia: <u>4 1/2</u> in. to <u>90</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in. weight _____ lbs./ft. Wall thickness or gauge No: <u>190</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:							
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: <u>4 1/2</u> in. to <u>20</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: From _____ ft. to _____ 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 _____ 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 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)		
Direction from well: <u>NORTH</u> How many feet: <u>70</u> ? Water Well Disinfected? Yes <u>X</u> No							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>NO</u> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No							
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)</u> constructed, (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>404</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>HAROLD R. LEE - WELL DRING</u> by (signature) <u>Harold R. Lee</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	4	Sand			
		4	10	SAND			
		10	13	CLAY			
		13	26	AI-SAND			
		26	30	CLAY			
		30	38	M. SAND & GRAVEL			
		48	51	CLAY			
		51	80	SHALE CLAY			
		80	85	COARSE SAND GRAVEL			
		85	90	CLAY			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. <u>30</u> ft. 3. <u>60</u> 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.