

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NW 1/4 SE 1/4 NW 1/4	7	T 29 S	R 2 E
Distance and direction from nearest town or city? 6900 So. 82ND EAST WICHITA, KANSAS					
2 WATER WELL OWNER: ED CLITHERO					
RR#, St. Address, Box #: R#1 BOX 37					
City, State, ZIP Code: DERBY, KANSAS					
Board of Agriculture, Division of Water Resources Application Number:					
3 DEPTH OF COMPLETED WELL: 90 ft. Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.					
Well Water to be used as:					
☒ 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)
42		7 Lawn and garden only	10 Observation well		
Well's static water level: _____ ft. below land surface measured on _____ month _____ day _____ 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 Wrought iron	5 Concrete tile	Casing Joints: ☒ Glued ☒ Clamped	
☒ 2 PVC		6 Asbestos-Cement	8 Other (specify below)	Welded _____	
4 ABS		7 Fiberglass	Threaded _____		
Blank casing dia: 5 in. to 42 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface: 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 1200					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	
2 Brass		4 Galvanized steel	6 Concrete tile	☒ 8 RMP (SR)	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	☒ 8 Saw cut 106	
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
5			7 Torch cut	10 Other (specify)	
Screen-Perforation Dia: _____ in. to _____ 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	
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: _____ How many feet: _____ ? Water Well Disinfected? Yes ☒ No ☒					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ 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 (1) 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. 236					
This Water Well Record was completed on _____ month _____ day _____ year under the business name of HARPWELL & PUMP SERVICE Inc (signature) M. Arnold					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
		FROM		TO	
		LITHOLOGIC LOG		LITHOLOGIC LOG	
		0 39 TOPSOIL 39 42 CLAY 42 90 FINE SAND 90 GREY SHALE			
ELEVATION: _____					
Depth(s) Groundwater Encountered 1. 42 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.					