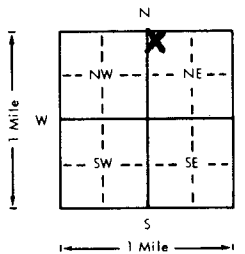


1 LOCATION OF WATER WELL		Fraction		Section Number	Township Number	Range Number		
County: SEDGWICK		NW ¼ NW ¼ NE ¼		7	T 29 S	R 2 E E/W		
Distance and direction from nearest town or city?				Street address of well if located within city?				
				301 Brookforrest Derby, Ks.				
2 WATER WELL OWNER: Cliff Hughes								
RR#, St. Address, Box # : 301 Brookforrest				Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Derby, Ks.				Application Number:				
3 DEPTH OF COMPLETED WELL: 85 ft. Bore Hole Diameter: 11 in. to . . . ft., and . . . in. to . . . ft.								
Well Water to be used as:		5 Public water supply		8 Air conditioning		11 Injection well		
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: 3.7 ft. below land surface measured on . . .				8 . . . month		26 . . . day 80 . . . 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		
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		
		7 Fiberglass				Casing Joints: Glued ☒ Clamped . . .		
						Welded . . .		
						Threaded . . .		
Blank casing dia . . . 5 . . . in. to . . . 37 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.				Casing height above land surface . . . 1.2 . . . in., weight . . . lbs./ft. Wall thickness or gauge No . . . 2.00				
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)		
						11 Other (specify) . . .		
						12 None used (open hole)		
Screen or Perforation Openings Are:				5 Gauzed wrapped		8 Saw cut . . . 06		
1 Continuous slot				6 Wire wrapped		11 None (open hole)		
2 Louvered shutter				7 Torch cut		9 Drilled holes		
						10 Other (specify) . . .		
Screen-Perforation Dia . . . 5 . . . in. to . . . 8.5 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.								
Screen-Perforated Intervals: From . . . 37 . . . ft. to . . . 85 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.								
Gravel Pack Intervals: From . . . 1.4 . . . ft. to . . . 8.5 . . . 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 . . . 4.0" . . . ft. to . . . 1.4 . . . 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 . . . North . . . How many feet . . . 28 . . .				? 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 . . . X . . . No . . .								
If Yes: Pump Manufacturer's name . . . Fairbanks Morse . . . Model No. . . 75 . . . HP . . . 3/4 . . . Volts . . . 230 . . .								
Depth of Pump Intake . . . 60 . . . ft. Pumps Capacity rated at . . . 1.8 . . . 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 . . . 8 . . . month . . . 26 . . . day . . . 80 . . . 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 . . . 10 . . . month . . . 25 . . . day . . . 1989 . . . year under the business name of Harp Well & Pump Service, Inc. by (signature) <i>M. Arnold</i>								
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	3	Topsoil				
		3	37	Clay				
		37	42	Fine Sand				
		42	85	Grey Shale				
ELEVATION:								
Depth(s) Groundwater Encountered 1. . . 3.7 . . . 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.								