

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>SUMNER</u>	<input checked="" type="checkbox"/> NW $\frac{1}{4}$ <input type="checkbox"/> NE $\frac{1}{4}$	33	T 30 S	R 1E <del>EW</del>

Distance and direction from nearest town or city? 2W. of Belle Plaine, Ks., 1 N. on S. side of Rd. Street address of well if located within city? Belle Plaine, Ks.

2 WATER WELL OWNER: Cushman Plumbing Lexy Hamblin  
 RR#, St. Address, Box #: 424 Ellis Belle Plaine, Ks. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Wichita, Kansas Application Number:

3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 1.1 in. to ..... ft. and ..... in. to ..... ft.

Well Water to be used as:

1 <del>Domestic</del>	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level: 15 ft. below land surface measured on ..... 4 month ..... 26 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 <u>RMP (SR)</u>	6 Asbestos-Cement	9 Other (specify below)	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....
2 PVC	4 ABS	7 Fiberglass		

Blank casing dia: 5 in. to 30 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12 in., weight ..... lbs./ft. Wall thickness or gauge No. 200

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 <u>ABS</u>	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 <u>Drilled holes</u>	
		7 Torch cut	10 Other (specify) .....	

Screen-Perforation Dia: 5 in. to 45 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 30 ft. to 45 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 14 ft. to 45 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 40" ft. to 14 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	11 Fertilizer storage	14 Abandoned water well
2 <u>Sewer lines</u>	5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)

Direction from well: West How many feet: 150 ? 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 ..... 4 month ..... 26 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 ..... 7 month ..... 25 day ..... 1979 year under the business name of Harp Well & Pump Service, Inc. by (signature) M. Arnold

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	Topsoil		
	3	12	Clay			
	12	32	Fine Sand			
	32	45	Medium Sand			

1 Mile

ELEVATION: Flat Ground

7 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.