WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction				Section Number	Township Number	Range Number
County: Harvey		SE ¼	SW ¼	NW ¼		34	T 24S S	R 1W E(W)

Distance and direction from nearest town or city street address of well if located within city?
205 W. 8th   Sedgwick,Ks.

2	WATER WELL OWNER: Madden Nursery Greenhouse
RR#, St. Address, Box # : 919 Madison Rt#1 Box 3	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Sedgwick, Ks.	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
        N
 -- NW --|-- NE --
         |
 W   X   |         E
 --------|--------
         |
 -- SW --|-- SE --
         |
        S
```
(1 Mile scale on left and bottom)

4 DEPTH OF COMPLETED WELL . . . . . . 50 ft. ELEVATION: . . . .

Depth(s) Groundwater Encountered 1. . 18 . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . 18 . . . ft. below land surface measured on mo/day/yr . . . . 7-12-88 . . . . .

Pump test data: Well water was . . . . ft. after . . . . hours pumping . . . . gpm

Est. Yield . . . . gpm: Well water was . . . . ft. after . . . . hours pumping . . . . gpm

Bore Hole Diameter . . . . . 11 . . . in. to . . . . 50 . . . . 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 Monitoring well . . . .

Was a chemical/bacteriological sample submitted to Department? Yes. . . . . . No . . . X . . . ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X   No

5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . X . . Clamped . . . . . .
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . .
2 PVC	4 ABS	7 Fiberglass	Cer-Mac styrene SDR-26	Threaded. . . . .

Blank casing diameter . . . . 5 in. to . . . . . 30 . . . ft., Dia . . . . in. to . . . . . . ft., Dia . . . . in. to . . . . . . ft.

Casing height above land surface . . . . 12 . . . . . in., weight . . . . 1.59 . . . . lbs./ft. Wall thickness or gauge No. . . 203 . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC   10 Asbestos-cement

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: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)

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-PERFORATED INTERVALS: From . . . . 30 . . ft. to . . . . . 50 . . . ft., From . . . . ft. to . . . . ft.

From . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . 24 . . ft. to . . . . . 50 . . . ft., From . . . . ft. to . . . . ft.

From . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.

6	GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other . . . .

Grout Intervals: From . . . . 4 ft. to . . . . . 24 . . . ft., From . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well?   East   How many feet?   25

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	topsoil			
3	28	clay			
28	50	medium sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . . 7-12-88 . . . . 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 (mo/day/yr) 6-1-89

under the business name of Harp Well and Pump Service,Inc.   by (signature) Mary Arnold

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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.