

1	LOCATION OF WATER WELL: Sedgwick	<i>NW</i>	FRACTION SE 1/4 NW 1/4 NW 1/4	SECTION NUMBER 33	TOWNSHIP NUMBER T 26 S	RANGE NUMBER R 1 E (W)
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3630 N. Highpoint Ct.

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	<table style="width: 100%;"> <tr> <td style="width: 50%;">4 DEPTH OF COMPLETED WELL: 50 ft.</td> <td style="width: 50%;">ELEVATION:</td> </tr> <tr> <td>Depth of groundwater Encountered: _____ ft.</td> <td></td> </tr> <tr> <td>WELL'S STATIC WATER LEVEL 20 FT. BELOW LAND SURFACE MEASURED ON 5/14/09</td> <td></td> </tr> <tr> <td>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm</td> <td></td> </tr> <tr> <td>Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm</td> <td></td> </tr> <tr> <td>Bore Hole Diameter 12 in. to 50 ft. and _____ in. to _____ ft.</td> <td></td> </tr> <tr> <td colspan="2">WELL WATER TO BE USED AS:</td> </tr> <tr> <td>1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well</td> <td></td> </tr> <tr> <td>2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below)</td> <td></td> </tr> <tr> <td>Was a chemical/bacteriological sample submitted to Department? YES NO ; If yes, what mo/day/yr was sample submitted</td> <td></td> </tr> <tr> <td>Was Water Well Disinfected? YES NO</td> <td></td> </tr> </table>	4 DEPTH OF COMPLETED WELL: 50 ft.	ELEVATION:	Depth of groundwater Encountered: _____ ft.		WELL'S STATIC WATER LEVEL 20 FT. BELOW LAND SURFACE MEASURED ON 5/14/09		Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm		Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm		Bore Hole Diameter 12 in. to 50 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:		1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well		2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below)		Was a chemical/bacteriological sample submitted to Department? YES NO ; If yes, what mo/day/yr was sample submitted		Was Water Well Disinfected? YES NO	
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SCREEN - PERFORATION INTERVAL	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.

Direction from well? **East** How many feet? **10 ft. plus**

[illegible]

Todd S. Harp