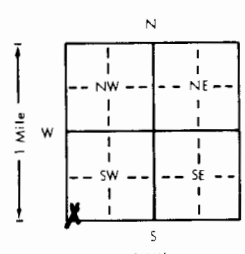


LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		<u>SW 1/4</u> <u>SW 1/4</u> <u>SW 1/4</u>	<u>1</u>	<u>T 26 S</u>	<u>R 1W 1W</u>
Distance and direction from nearest town or city?			Street address of well if located within city?		
			<u>7000 N. West St. Wichita, Kansas</u>		
WATER WELL OWNER: <u>Carl Gregg</u>					
RR#, St. Address, Box #: <u>7000 N. West</u>					
City, State, ZIP Code: <u>Wichita, Kansas</u>					
Board of Agriculture, Division of Water Resources					
Application Number:					
DEPTH OF COMPLETED WELL <u>45</u> ft. Bore Hole Diameter <u>11</u> in. to ft., and in. to ft.					
Well Water to be used as:					
1 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)					
7 <u>Lawn and garden only</u> 10 Observation well					
Well's static water level <u>15</u> ft. below land surface measured on <u>8</u> month <u>22</u> day <u>1979</u> year					
Pump Test Data: Well water was ft. after hours pumping gpm					
Est. Yield gpm: Well water was ft. after hours pumping gpm					
TYPE OF BLANK CASING USED:					
1 Steel 3 <u>RMP (SR)</u> 5 Wrought iron 8 Concrete tile Casing Joints: Glued <u>X</u> Clamped					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
7 Fiberglass Threaded					
Blank casing dia <u>5</u> in. to <u>30</u> ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface <u>12</u> in., weight lbs./ft. Wall thickness or gauge No. <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 <u>ABS</u> 11 Other (specify)					
12 None used (open hole)					
Screen or Perforation Openings Are:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> .06 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify)					
Screen-Perforation Dia <u>5</u> in. to <u>45</u> ft., Dia in. to ft., Dia in. to ft.					
Screen-Perforated Intervals: From <u>30</u> ft. to <u>45</u> ft., From ft. to ft., From ft. to ft.					
Gravel Pack Intervals: From <u>14</u> ft. to <u>45</u> ft., From ft. to ft., From ft. to ft.					
GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other					
Grouted Intervals: From <u>40"</u> ft. to <u>14</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u> 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well					
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well					
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)					
13 Watertight sewer lines					
Direction from well <u>West</u> How many feet <u>50</u> ? Water Well Disinfected? Yes <u>X</u> No					
Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, date sample					
was submitted month day year Pump Installed? Yes No <u>X</u>					
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					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on <u>8</u> month <u>22</u> day <u>1979</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u>					
This Water Well Record was completed on <u>11</u> month <u>21</u> day <u>1979</u> year under the business					
name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>M. Arnold</u>					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
					
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>18</u> 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.					

OFFICE USE ONLY

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EW

SEC.

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SW 1/4 SW 1/4 SW 1/4 SW 1/4