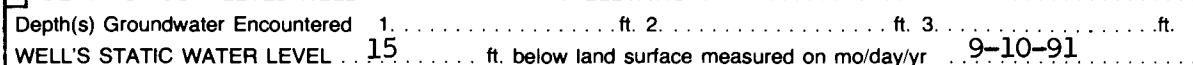


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NE ¼ NE ¼ SE ¼	4	T 27 S	R 1W E/W

2516 Meadow Grove Wichita, Kansas

Board of Agriculture, Division of Water Resources
Application Number:

4 DEPTH OF COMPLETED WELL.....60..... ft. ELEVATION:



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 60 ft., and in. to ft.

WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
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1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well
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Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ : If yes, mo/day/yr sample was sub-

Was a chemical/bacteriological sample submitted to Department? Yes.....No....., if yes, the day of sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass	SDR-26	Threaded

Blank casing diameter 5 in. to 40 ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface. 12 in., weight 2.29 lbs./ft. Wall thickness or gauge No. 214

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 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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 40 ft. to 60 ft. From ft. to ft.

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

GRAVEL PACK INTERVALS: From 24 ft. to 60 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
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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	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	None Apparent

Direction from well?

How many feet?

[illegible]

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) 9-10-91 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) 12-31-91
under the business name of Harp Well and Pump Service, Inc. by (signature) *Marc 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 up three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.