

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------------------|-------------------------------------|
| 1) LOCATION OF WATER WELL:<br>County: <u>Seagwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Fraction <u>NE SW</u> <u>SE</u> <u>1/4</u> <u>SW</u> <u>1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Section Number <u>7</u> | Township Number <u>T 27</u> <u>S</u> | Range Number <u>R 1W</u> <u>E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1435 Shefford Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |
| 2) WATER WELL OWNER: <u>Doolittle, David</u><br>RR#, St. Address, Box # : <u>1435 Shefford</u><br>City, State, ZIP Code : <u>Wichita, Kansas</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |
| 3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 4) DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION: _____<br>Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>3-12-91</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <u>11</u> in. to <u>65</u> ft., and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes <u>X</u> No _____ |  |                         |                                      |                                     |
| 5) 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 _____<br>2 PVC 4 <u>ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>Blank casing diameter <u>5</u> in. to <u>55</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement<br>1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 <u>ABS</u> 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole)<br>1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes<br>2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____<br>SCREEN-PERFORATED INTERVALS: From <u>55</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |
| 6) GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____<br>Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well<br>1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage<br>Direction from well? <u>West</u> How many feet? <u>85</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                         |                                      |                                     |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3  | topsoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                         |                                      |                                     |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |                                      |                                     |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35 | fine sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                         |                                      |                                     |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 55 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                         |                                      |                                     |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 65 | 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) <u>3-12-91</u> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>5-1-91</u><br>under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u><br>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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                         |                                      |                                     |